

P00000057412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

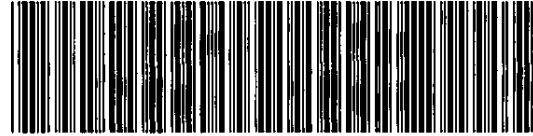
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

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SEP 15 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ERIK JASON INTERIORS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P00000057412

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Simone Bryan  
Name of Contact Person

ERIK JASON INTERIORS, INC.  
Firm/Company

113 MARSH CREEK DR.  
Address

PONTE VEDRA BEACH, FL 32082  
City/State and Zip Code

Simone99@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Simone Bryan at ( 904 ) 699-6708  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. 7 enclosed #1731

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ERIK JASON Interiors, INC.
2. The principal office address: 2406 E. NORTHSIDE DR  
JACKSON, MS 39211
3. The mailing address (if different): 113 Marsh Cove Dr,  
Ponte Vedra Bch, FL 32082
4. Date of incorporation/qualification: 6/14/00 Document number: P00000057412  
(date filed)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C. Simone Bryan

113 Marsh Cove Dr.

P.O. Box NOT acceptable

Ponte Vedra Beach, FL 32082

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

ERIK J. Kegler President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C. Simone Bryan  
Signature of Registered Agent

7/28/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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