1/19/22, 9:06 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000024513 3)))



H220000245133ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

MECEIVED MIZJAN 21 AN 8:36 TALLAHASSEE, FE

Division of Corporations

Fax Number : (850)617-6380

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)865-2500 Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

## REGISTERED AGENT CHANGE RJ HOLDINGS OF JACKSONVILLE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

800-246-2677

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER						
TO:	Amendment Section					

(((H22000024513 3)))

Division of Corporations

SUBJECT: RJ HOLDINGS OF JACKSONVILLE, INC.
Name of Corporation

DOCUMENT NUMBER: P00000088148

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:

Yara Alfaro-Sullivan
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yara Alfaro-Sullivan on behalf of InCorp Services, Inc. at 800-246-2677

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF FOR CORPORAT	CHANGE OF RE IONS	EGISTERED OF	TCE OR REGISTEREI )	O AGENT OR BOTH ((H22000024513 3)))		
Pursuant to the provis	tions of sections 607	7.0502, 617.0502, 6	607.1508, or 617.1 <b>50</b> 8, Flo	•••		
statement of change is submitted for a corporation organized under the laws of the State ofFL						
in order to cl	hange its registered	office or registered	l agent, or both, in the Stat	e of Florida.		
1. The name of the co	-					
2. The principal office	: address: 9636 HE	CKSCHER DR.,	JACKSONVILLE, FL 3	32226		
	r					
3. The mailing address	s (if different);					
4. Date of incorporation	on/qualification:	09/18/2000	Document number:	P00000088148		
<ol><li>The name and stree Florida Department</li></ol>	t address of the curr of State: (If resigne	rent registered agen xd, enter resigned)	t and registered office on f	ile with the		
FISH	HER, TOUSEY, L	EAS & BALL, P.,	٩			
818	NORTH A1A - SI	JITE 104				
PON	ITE VEORA BEA	CH, FL 32082		2022 JAH 21		
<ol><li>The name and stree (if changed):</li></ol>	t address of the new	registered agent (i	f changed) and /or registen	ed office		
InCo	rp Services, Inc.					
1788	38 67th Court Nor	th		<u>:</u> :		
~		P.O. Box NO	T acceptable			
Loxa	hatchee, FL 334	70				
The street address of as changed will be ide	its registered office	and the street add	ress of the business office	of its registered agent,		
Such change was auth authorized by the boa	orized by resolution	on duly adopted by on has been notifie	its board of directors or b	oy an officer so		
of low	سرب		ICHARD L JUSTUS, P.			
_	ollicer or director		Printed or typed name			
I hereby accept the ap I further agree to com of my duties, and I an document is being file corporation has been	pointment as regis bly with the provis i familiar with and a merely to reflect notified in writing	tered agent and ag ions of all statutes accept the obligat a change in the re of this change.	ree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I	, I complete performance stered agent. Or, if this hereby confirm that the		
per	<u>Lang</u>		January 17,	2022		
Signature of	Registered Agent	<del></del>	Date			
If signing on behalf of	fan entity:					
Isabel Burgos on behalf	of InCorp Services,	Inc.				
Typed or I	ninted Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2B045 (04/13)

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