

P010000006260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

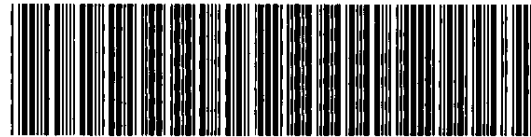
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 SEP 17 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

SEP 20 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JR Spray Inc.
Name of Corporation

DOCUMENT NUMBER: PO1000006240

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:

Josue Medina
Name of Contact Person

JR Spray Inc.
Firm/Company

1848 N. Kingway Dr.
Address

Deltona Fl. 32738
City/State and Zip Code

jrprayinc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josue Medina at (407) 557-5656
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: J R Spray, Inc.
2. The principal office address: 1848 N. Kingway Dr. Deltona Fl. 32738
3. The mailing address (if different): PO Box 6035 Deltona Fl. 32728
4. Date of incorporation/qualification: 1/10/2001 Document number: PO1000006260
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)

Josue Medina
1800 Elkcam Blvd
Deltona Fl. 32725

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

Josue Medina
1848 N Kingway Dr.
Deltona, FL 32738

P.O. Box NOT acceptable

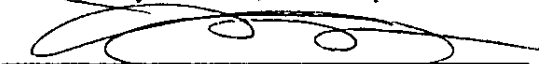
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TALLAHASSEE, FLORIDA

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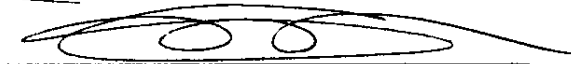
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Josue Medina, 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.


Signature of Registered Agent

9/13/2010
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)