

PO1000020819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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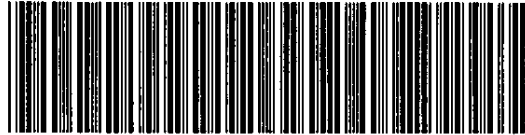
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 03 2015  
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2470

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 3281 COMPANY, INC.  
Name of Corporation

DOCUMENT NUMBER: P01000020819

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:

ROBERT L. JENNINGS  
Name of Contact Person

JENNINGS + VALANCY, P.A.  
Firm/Company

306 S.E. DETROIT AVE.  
Address

STUART, FL 34994  
City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT L. JENNINGS at (772) 286-2798  
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: 3281 COMPANY, INC.  
2. The principal office address: 3281 GRIFFIN ROAD  
DAVIA, FLORIDA 33312  
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 2/27/01 Document number: PC1000020819

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)

BRIAN LYNN  
3281 GRIFFIN ROAD  
DAVIA, FL 33312

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

ROBERT L. JENNINGS  
306 DETROIT AVE.  
P.O. Box NOT acceptable  
STUART, FL 34994

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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

HILARY JOYALE, D.R.  
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

3/12/15  
Date

If signing on behalf of an entity:

ROBERT L. JENNINGS  
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 (03/12)