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COVER LETTER

TO: Amendment Section Division of Corporations

Jim and Patl, Inc.

Name of Corporation

P01000058213

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:

Eric W. Sulzberger

Name of Contact Person

Law Offices of Sulzberger & Sulzberger

Firm/Company

1090 Kanืe Concourse, Suite 201

Bay Harbor Islands, FL 33154

City/State and Zip Code

eric@sulzbergerlaw.com

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

For further information concerning this matter, please call:

Eric W. Sulzberger

Name of Contact Person

305 865-8631
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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

,		' 11	: 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
•			n corporation organized under the laws of the State of Florida ared office or registered agent, or both, in the State of Florida.	
	•••	`		
1. The name of t	the corporat	ion: 7700	and Pat, Inc 3 SW 87th Avenue, Miami, Florida 33173	
2. The principal	office addr	ess: 1130	5 SVV 67 (IT Avenue, Ivilami, 1 longa 55175	
		<u> </u>		
3. The mailing a	iddress (if d	ifferent):[-		
4. Date of incorp	poration/qua	alification	06/12/2001 Document number: P01000058213	
		- 11	current registered agent and registered office on file with the igned, enter resigned)	
	Mary A	nn Sen	a	
	11127 5	SW 154	th Court	
	Miami,	FL 331	96	
6. The name and (if changed):	l street addr	ress of the	new registered agent (if changed) and /or registered office	:
	Eric W.	Sulzbe	rger	
	1090 Ka	ane Co	rger Course, Suite 201 P.O. Box NOT acceptable	35. 35. 1
			P.O. Box NOT acceptable	
	Bay Ha	rbor Isa	nds, FL 33154	
as changed will	be identica	1.	lice and the street address of the business office of its registered agent,	
Such change wa	s authorize e board, or	d by resol the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.	
Jalue	ias)	Ki	PATRICIA D. KYLE, President	
performance of . agent. Or, if thi	my duties, e s document	and Lam f t is being t	epistered agent and agree to act in this capacity. Existence agent and agree to act in this capacity. Existence of all statutes relative to the proper and complete Similiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address. I has been notified in writing of this change.	
Sign	nature of Regas	ered Agent	9/1/17 Date	
If signing on bel	{ }	V		
Ty	ped or Printed	Name :	<u> </u>	
			11 * * 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)