PO1000100616

(Req	uestor's Name)				
(Add	lress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bus	iness Entity Nan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to F	iling Officer:				





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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: JETASU PROPERTIES, INC.						
(Name of corporation)						
DOCUMENT NUMBER: P01000100616						
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:						
RONALD E. WITT, ESQ (Name of contact person)						
(table of total policies)						
KAKLIS, VENABLE & WITT, P.A. (Firm/Company)						
1400 4th Ave. W. (Address)						
Bradenton, Fl 34205 (City/state and zip code)						
For further information concerning this matter, please call:						
Ronald E. Witt at (941) 747-1180 (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 409 E. Gaines Street Tallahassee, FL 32399						

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

Pursuant to the provisions of section statement of change is submitted for	a corporation organ	ized under the laws	of the State of	Florida	_
in order to change its regis	tered office or registe	ered agent, or both,	in the State of Flo	rida.	
1. The name of the corporation:	JETASU PROF	PERTIES, INC.			
2. The principal office address:	1112 Nancy	Gamble Lane,	Ellenton, Fl	L 34222	
3. The mailing address (if different)			· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporation/qualification	n: <u>10/17/01</u>	Document nu	mber: <u>P010001</u>	.00616	
5. The name and street address of th Florida Department of State:	e current registered a	gent and registered	office on file with	the	
	SUSAN A. MCCAR	<u>T</u>			
	1112 Nancy Gam	ble Lane			
	Ellenton, Fl	34222		تست	
6. The name and street address of the (if changed):			or registered office	OS DEC 1	i
	JERRY L. MCCAR			3 A	i T
	1112 Nancy Gam (P.O. Box NOT acceptable)			F. S.	Ċ
	Ellenton, Fl	34222		STATE ORIDA	
The street address of its registered as changed will be identical.	office and the street	address of the bus	iness office of its	•	nt,
Such change was authorized by resauthorized by the board, or the corp	olution duly adopted poration has been no	l by its board of di tified in writing of	rectors or by an o	fficer so	
Unghalder of an officer or director	· · · · · · · · · · · · · · · · · · ·	JErry J	me ca-	-	_
I herely accept the appointment as I further agree to comply with the p of my duties, and I am familiar wit, document is being filed merely to r eorporation has been notified in wi	registered agent an provisions of all state th and accept the obli- eflect a change in the riting of this change.	d agree to act in the desired to the desired to the desired of my posite registered office	nis capacity, proper and comp ion as registered a address, I her <u>e</u> by OS (Date)	lete performan agent. Or, if the confirm that th	ıce his he
If signing on behalf of an entity:					
(Typed or Printed Name)					

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