P0200007610

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	MAIT WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
		}				
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09/28/05--01020--007 **70.00

US SEP 28 PM 1: 06

3 10/4/05 A/100

COVER LETTER

TO:	Amendment Section Division of Corporation	15				
SUBJ	ECT:	JB Valet Com	pany, Inc			
		(Name of C	Corporation)	-		
DOC	UMENT NUMBER:	P02 0000	07610	-		
The e	nclosed Statement of Char	age of Registered Offic	ce/Agent and fee are submitted for i	filing.		
Please	return all correspondence	e concerning this matte	er to the following:			
William Beasley						
	- 1100	(Name of Co	ontact Person)	_		
		(Primore)	ompany)			
		(Figure	ompany)			
		1 Oakwood	Blvd, Suite 200			
		(Add	dress)			
			, Florida 33020 md Zip Code)			
		` •	• •			
For fu	rther information concern	ing this matter, please	call:			
	Nikki Sepulvade	3	at (954) 775-4978 (Area Code & Daytime Tel			
	(Name of Contac	ct Person)	(Area Code & Daytime Tel	ephone Number)		
Enclo	sed is a \$35.00 check mad	le payable to the Depar	rtment of State.			
	Mailin	Address:	Street Address: Amendment Section			
		ment Section on of Corporations	Division of Corporati	ons		
		ох 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is	submitted for a cor	poration organi	2, 607.1508, or 617.1508, ized under the laws of the	State of
		275.3.4-1	red agent, or both, in the i of Company, Inc.	State of Florida.
 The name of the corp The principal office 			ood Blvd, Suite 200	Hollywood, Florida 33020
3. The mailing address	(if different):			
4. Date of incorporation	n/qualification: 1/	/22/2002	Document number:	P02 000007610
5. The name and street Florida Department		rent registered a	gent and registered office	on file with the
		Shelby N	fims	
<u></u>	1 Oa	kwood Blv	d, Suite 200	05 SEP 28 PM
	Hol	lywood, Flo	rida 33020	SEP 28 PI
6. The name and street (if changed):	address of the new	registered agen	t (if changed) and /or regi	stered office SEE, FL OR
		Hugh Mc	New	PET 0
		707 NE 19		*
	•	• •	h, Florida 33179	
The street address of i	ts registered officentical.	e and the street	address of the business o	ffice of its registered agent,
			I by its board of directors tified in writing of the ch	
Company of all	Officer or director)	5	Brandon Samuels	Director/Vice President
I hereby accept the ap I further agree to com of my duties, and I an document is being file corporation has been	iply with the provi i familiar with and id merely to reflec	sions of all stat l accept the obl t a change in th	d agree to act in this cap utes relative to the prope igation of my position as e registered office addre:	
sold !	21			ber 15, 2005
(Signature of	of Registered Agent) f am entity:		(Da	to)
Hugh M	cNew			
	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)