## P02000067677

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: JSRT Services Inc.

Name of Corporation

PO200067677

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:

Jim Sylvia

Name of Contact Person

**JSRT Services Inc** 

Firm/Company

227 W Carolina St.

Address

Tallahassee, FL 32301

City/State and Zip Code

avelectronics@earthlink.net

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

For further information concerning this matter, please call:

Jim Sylvia

<sub>ar (</sub>850

224-7422

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingression organized under the laws of the State of Florida in the State of Florida in the State of Florida.
1. The name of the	ne corporation: JSRT Services Inc
2. The principal	office address: 227 W Carolina St, Tallahassee, FL 32301
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 06/19/2002 Document number: P02000067677
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Ronald D. Thompson
	180 WHETHERBINE WAY WEST
	TALLAHASSEE FL 32301 US
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	James D. Sylvia
	107 QUAIL RUN
	P.O. Box NOT acceptable CRAWFORDVILLE FL 32327 US
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Sum	Defice of an oliker of pirector Printed or typed name and title President
I hereby accept yourther agree to performance of agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered social document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.  The provided Hermitian of Registered Agent Agent Day
<i>U</i> -	nalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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