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TRANSMITTAL LETTER

Amendment Section Division of Corporations

	•	
SUBJECT: Jax Star Of Jackson	wille, Inc	
	(Name of corporation)	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: PO	02000133065	
The enclosed Statement of Chan	ige of Registered Office/Agent and fee are su	ibmitted for filing.
Please return all correspondence	concerning this matter to the following:	_
Linda Convoer		
(Name of p	person)	, <u>+</u>
Jax Star Of Jacksonville, Inc		
(Name of firm/	(company)	**
11215-4 St Johns Ind. Pkwy		
(Addre	SS)	
Jacksonville, FL 32246		
(City/state and	zip code)	•
For further information concerni	ng this matter, please call:	
Linda Conover	at (904) 620-0008 (Area code & daytime teleph	
(Name of person)	(Area code & daytime teleph	one number)
Enclosed is a \$35.00 check made	e 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

·*	provisions of sections 6			
this statement of Florida	f change is submitted for in order to change	_	ganized under the laws o ffice or registered agent,	
of Florida.			• <u>•</u> .	•
	the corporation: Jax Star			
2. The principal	l office address: 11215-4	St John's Industri	al Parkway Jacksonville,	FL 32246
3. The mailing	address (if different):			
4. Date of incor	poration/qualification:	December 20,20	Document number:	P02000133065
	d street address of the cur artment of State:	rent registered a	gent and registered office	on file with the
	Linda Conover			FC 53
	5536 Clifton Rd			至13
	Jacksonville, FL 32211			SEE PR
6. The name a changed):	nd street address of the	new registered a	gent (if changed) and /or	r registered office (if
	Linda Conover			
	4407 Harbour Island Dr	ox or personal mailbox N	AT accontable)	
	Jacksonville, FL 32225	or or personal manibox is	O1 acceptable)	
	ress of its registered office ged will be identical.			
Such change w authorized by t	as authorized by resolution he board, or the corporate	on duly adopted ion has been not	by its board of directors ified in writing of the cha	or by an officer so ange.
Signature of an office	z, chairman or vice chairman of the b		da Conover {Printed or typed name and	fitle)
I hereby accept further agree	t the appointment as regi to comply with the provi f my duties, and I am fam nt. Or, if this document i. I hereby confirm that the	istered agent and isions of all statu viliar with and a	l agree to act in this cape tes relative to the proper cept the obligation of m	acity. r and complete v position as
$\langle \times w \rangle$	e anove		June 9, 2003	=
If signing on beha	Signature of Registered Agent)		(Date)	
	(Tenad or Printed Name)		(Canacity)	

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