

PQ3D000009507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

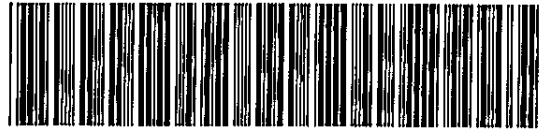
(Document Number)

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7/20/04  
Katherine Hensley Authorized All  
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JADHENZ, Inc. \_\_\_\_\_  
(Name of corporation)

**DOCUMENT NUMBER:** P03000009507 \_\_\_\_\_

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:

Katherine Hensley \_\_\_\_\_  
(Name of person)

JADHENZ, Inc. \_\_\_\_\_  
(Name of firm/company)

5701 Sheridan Street \_\_\_\_\_  
(Address)

Hollywood, FL 33021 \_\_\_\_\_  
(City/state and zip code)

For further information concerning this matter, please call:

Katherine Hensley \_\_\_\_\_ at ( 770 ) 917-4864  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 13, 2004

KATHERINE HENSLEY  
JADHENZ, INC.  
5701 SHERIDAN STREET  
HOLLYWOOD, FL 33021

SUBJECT: JADHENZ, INC.  
Ref. Number: P03000009507

We have received your document for JADHENZ, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 804A00044656

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JADHENZ, Inc.
2. The principal office address: 4201 McGregor Way, Acworth, GA 30101
3. The mailing address (if different): 5701 Sheridan Street, Hollywood, FL 33021
4. Date of incorporation/qualification: 01/27/03 Document number: P03000009507

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Katherine Hensley  
4801 South University Drive, Suite 264  
Fort Lauderdale, FL 33065

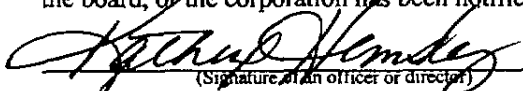
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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Katherine Hensley  
c/o Law Offices of Marlon E. Bryan, P.A.  
5701 Sheridan Street  
(P.O. Box or personal mailbox NOT acceptable)  
Hollywood, FL 33021

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Director  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

7/10/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314