## P03000013093

| (Re                                     | equestor's Name)   | ,           |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | dress)             |             |  |  |
| ,                                       | ,                  |             |  |  |
| (Address)                               |                    |             |  |  |
| (Cit                                    | y/State/Zip/Phone  | a #)        |  |  |
| (0)                                     | yrotatorzipri none | <i>→</i>    |  |  |
| PICK-UP                                 | WAIT               | MAIL        |  |  |
|   |                    |             |  |  |
| (Business Entity Name)                  |                    |             |  |  |
|   |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
|   |                    |             |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |

Office Use Only



500138723415

12/12/08--01019--019 \*\*35.00



RAChange Thews 12-15-08

## **COVER LETTER**

|          | Amendment Section Division of Corporations  |  |
|----------|---|--|
| SUBJE    | CT:_ J. O. & L. CONSTRUCTION, I<br>(Name of Co  | INC. +   |
| DOCU     | MENT NUMBER: <u>P03000013093</u>  |  |
| The enc  | losed Statement of Change of Registered Office  | Agent and fee are submitted for filing.  |
| Please r | eturn all correspondence concerning this matter   | to the following:  |
|          | TEODOR<br>(Name of Con  | RA OLMOS   |
|          | (Name of Con  | ntact Person)  |
|          | J. O. & L. CONS<br>(Firm/Co   | STRUCTION, INC. mpany)   |
|          | 2144 CONTINE<br>(Addr   | ENTAL STREET ress)   |
|          | SAINT CLC (City/State an  | OUD, FL 34769<br>d Zip Code)   |
| For furt | her information concerning this matter, please c  | all:   |
|          | TEODORA OLMOS<br>(Name of Contact Person)   | at ( 321 ) 228 5711 (Area Code & Daytime Telephone Number)   |
| Enclose  | d is a \$35.00 check made payable to the Departs  | ment 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 |

TO:

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

| statement of char   | nge is submitted for a corporation o  | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA egistered agent, or both, in the State of Florida.  |  |  |
|---|---|--|--|--|
| 1. The name of the  | ne corporation: J O & L CON   | STRUCTION, INC.  |  |  |
| 2. The principal office address: 2144 CONTINENTAL STREET, SAINT CLOUD, FL 34769                   |   |  |  |  |
| 3. The mailing ac   | Idress (if different): SAME AS A  | ABOVE  |  |  |
| 4. Date of incorp   | oration/qualification: 02/03/200  | 3 Document number: P03000013093  |  |  |
|   | street address of the current registe<br>ment of State: (If resigned, enter re  | red agent and registered office on file with the signed)   |  |  |
|   | TEODORA L. OLMOS  |  |  |  |
|   | 2144 CONTINENTAL STRE   | EET  |  |  |
|   | SAINT CLOUD, FL 34769   |  |  |  |
| 6. The name and (if changed):   | street address of the new registered  | agent (if changed) and /or registered office   |  |  |
|   | JOSE L. OLMOS   | STATE OF THE PERSON OF THE PER |  |  |
|   | 2144 CONTINENTAL STRE   |  |  |  |
|   | SAINT CLOUD, FL 34769   | ORDER DE   |  |  |
| The street addre  | ss of its registered office and the s<br>be identical.  | street address of the business office of its registered agent,   |  |  |
| Such change wa<br>authorized by th  | s authorized by resolution duly ac<br>e board, or the corporation has be  | lopted by its board of directors or by an officer so en notified in writing of the change.   |  |  |
| Elodora<br>(Signatu   | e of an officer or director)  | TEODORA L. OLMOS, PRESIDENT (Printed or typed name and title)  |  |  |
| I hereby accept<br>I further agree to<br>of my duties, and<br>document is bein<br>corporation has | the appointment as registered age<br>o comply with the provisions of al<br>d I am familiar with and accept th<br>ng filed merely to reflect a change<br>been notified in writing of this ch | nt and agree to act in this capacity.<br>I statutes relative to the proper and complete performance<br>e obligation of my position as registered agent. Or, if this<br>in the registered office address, I hereby confirm that the<br>ange.  |  |  |
| 8   |   | 12-8-08  |  |  |
| If signing on bel   | fastate of Registered Agent) nalf of an entity:   | (Date)   |  |  |
| (T  | yped or Printed Name)   |  |  |  |

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

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