

R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JW FRITZ PARTNERS, INC  
Name of Corporation

DOCUMENT NUMBER: P03000064801

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:

JOHN C FRITZ  
Name of Contact Person

JW FRITZ PARTNERS, INC  
Firm/Company

2612 OAK GROVE AVE  
Address

ST. AUGUSTINE, FL 32092  
City/State and Zip Code

JOHN FRITZ @ BELL SOUTH. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN C FRITZ at (904) 940-7715  
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**

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: J W FRITZ PARTNERS, INC
2. The principal office address: 26100 SW 112 AVE  
HOMESTEAD, FL 33032
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/11/2003 Document number: P03000064801
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
LESTER B. LAW c/o GRANT FRIDKIN PEARSON ATHAN & CROWN  
551 RIDGEWOOD DRIVE SUITE 501  
NAPLES, FL 34108

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

JOHN C FRITZ  
2612 OAK GROVE AVE  
P.O. Box NOT acceptable  
ST. AUGUSTINE, FL 32092

FILED  
18 AUG 27 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of an officer or director

JOHN C FRITZ, PRESIDENT  
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]  
Signature of Registered Agent

August 23, 2013  
Date

If signing on behalf of an entity:

JOHN C FRITZ  
Typed or Printed Name

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