

P03000092232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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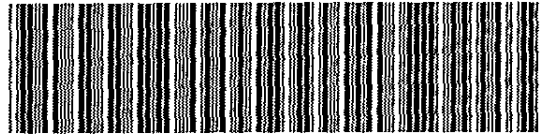
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COVER LETTER

TO: Amendment Section
Division of Corporations

JONES WELL PUMP AND IRRIGATION, INC.

SUBJECT:

(Name of corporation)

CONCURRENTLY ~~AMEND~~ AMENDING CORPORATE NAME:

DOCUMENT NUMBER:

P03000092232

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:

NEW NAME:

JONES' WELLS, PUMPS & IRRIGATION, INC.
P03000092232

(Name of contact person)

BROOKS P. JONES

(Firm/Company)

P.O. Box 60127, PALM BAY, FL 32906

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

BROOKS P. JONES

(Name of contact person)

at

321 729-6674

(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

Gentlemen,

PLEASE RETURN A CONFORMED COPY IN THE
ENVELOPE PROVIDED.

DSpruins

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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