(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
-						

Office Use Only



100187078761

10/27/10--01008--023 **35.00

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

statement of cha	nge is submitted for a co	rporation organized	607.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Florida	
1. The name of t	he corporation: Jade	Office Mainter	nance, Inc.		<u>.</u>
2. The principal	office address: 108 S.I	E. 37 Street	·		
	Cape (Coral,FL 33904			
3. The mailing a	ddress (if different): Sa	me			
4. Date of incorp	poration/qualification:	09/02/2003	Document number:	P 03000096829	
	street address of the cur tment of State: (If resign		t and registered office on fil	e with the	
	Deborah Eckdahl (resigned registe	ered agent)		
	108 S.E. 37 Street				
	Cape Coral, FL 33	904			Lr = -
6. The name and (if changed):	Cape Coral, FL 33904 street address of the new registered agent (if changed) and /or registered office				j Greek
	James Eckdahl			_	*
	108 S.E. 37 Street			- 0:4	1,,,,
	Cape Coral, FL 33	P.O. Box NOT acc	ceptable	F @	
_	ess of its registered office be identical.	ee and the street add	dress of the business office		
<u> </u>	•		y its board of directors or be ed in writing of the change	y an officer so	
Jebon Signatur	re of an officer or director	<u></u>	Deborah Eckdahl / R	egistered Officer	
I harahy accent	the appointment as rea	istored apont and a	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, 7 i	i complete performance stered agent. Or, if this hereby confirm that the	
Busine	hature of Registered Agent	<u></u>	OC:	tober 12, 2010	
	half of an entity:		24.0		
	James Eckdahl yped or Printed Name				

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

COVER LETTER

TO:	Amendment Section Division of Corpor						
SUBJECT: Jade Office Maintenance, Inc. Name of Corporation							
DOC	UMENT NUMBER:	P 03	3000096829	***			
The er	nclosed Statement of	Change of Registered Offic	ce/Agent and fee are sub	mitted for filing.			
Please	return all correspond	lence concerning this matte	er to the following:				
			Eckdahl				
		Name of Co	ontact Person				
		lada Offica Ma	ointonanao Ina				
			aintenance, Inc. ompany				
		THIIVE	ompany				
		108 S.E.	37 Street				
		Ado	dress				
		Cape Cora	L. FL 33904				
		City/State a	l , FL 33904 nd Zip Code				
		o aku 4 iim 2	@aal aam	•			
	F-mail	ecky1jim2e address: (to be used for	@aoi.com future annual renort n	otification)			
	D-man	dudiess. (10 be used for	idiaio dimidai iopoit ii				
For fu	rther information cor	cerning this matter, please	call:				
	James	Eckdahl	at (239)	540-2610			
		ontact Person	Area Code & Da	540-2610 aytime Telephone Number			
Enclo	sed is a \$35.00 check	made payable to the Depar	rtment of State.				
	<u>M</u> A1	ailing Address: nendment Section	Street Addr Amendmen				
		vision of Corporations	Division of	Corporations			
		O. Box 6327	Clifton Bui	-			
	Ta	Illahassee, FL 32314	•	itive Center Circle			
			Tallahassee	e, FL 32301			