P03000099349

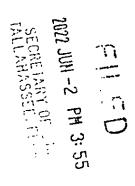
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: ^{Jacord, Inc.} Name of Corporation	
DOCUMENT NUMBER: P03000099349	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Melvin Jacobson	
Name of Contact Person	
Jacord, Inc.	
Firm/Company	
3825 Henderson Blvd. Suite 100	
Address	
Tampa, FL 33629	
City/State and Zip Code	
melson@tampabay.rr.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Melvin Jacobson	at / 813 731-1653
Name of Contact Person	at (813) 731-1653 Area Code & Daytime Telephone Numbe

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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

statement of change is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ation organized under the laws of the State of FLorida ce or registered agent, or both, in the State of Florida.	
1. The name of the corporation: <u>Jacord, Inc.</u>		
2. The principal office address: 3825 Henderso	on Blvd. Suite 100	
Tampa, FL 33	629	
3. The mailing address (if different): PO Box	18404 Tampa, FL 33679	
4. Date of incorporation/qualification: 09/10/	2003 Document mimber: P03000099349	
5. The name and street address of the current Florida Department of State: (If resigned, c	registered agent and registered office on file with the enter resigned)	
Sam I Reiber		
3825 Henderson Blvd., Suite	100	
Tampa, FL 33629		
6. The name and street address of the new reg (if changed):	eistered agent (if changed) and /or registered office	
Jacord Limited Partnership	= 20	
3825 Henderson Blvd. #100	22 J	
Tampa, FI, 33629	P.O. Box NOT acceptable SSS 2 - 2	
as changed will be identical.	d the street address of the business office of its registered agent.	
Such change was authorized by resolution cauthorized by the board, or the corporation	has been notified in writing of the change.	
Signature of an officer or director	Melvin S Jacobson Manager Printed or typed name and title	
The worker assumed that approximation and are marrietar	is of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address. I hereby confirm that the	
Mell & Arch Signature 6: Registered Agent	5/26/2022	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Melvin S Jacobson		
Exped or Printed Name		

Ø

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