

P03000112024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

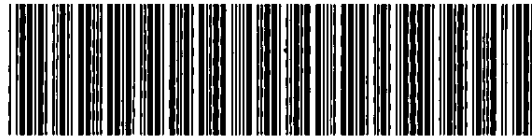
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100155321601

05/04/09--01010--010 **199.75

FILED
09 MAY -4 PM 4:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

2 to org.
JPM
6/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JENLEE ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: P03000112024

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:

MARC L. DAVIS
Name of Contact Person

JENLEE ENTERPRISES, INC
Firm/Company

6809 WOODGRAIN COURT
Address

OCCOEE FLORIDA 34761
City/State and Zip Code

email/jenlee@801.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC L. DAVIS at 407, 415 7547
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: JENLEE ENTERPRISES, INC.
2. The principal office address: 3411 N HWY 19 A
MOUNT DORA, FLORIDA 32757
3. The mailing address (if different): PO BOX 256
CLARCONA FLORIDA 32710
4. Date of incorporation/qualification: 10/9/2003 Document number: PO3000112024
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)

MARC L. DAVIS
3411 N HWY 19 A
MOUNT DORA, FLORIDA 32757

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

6809 WOODGRAIN COURT
OCFEE, FLORIDA 34761
P.O. Box NOT acceptable

FILED
09 MAY - 4 PM 4:56
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

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.

Marc L. Davis
Signature of an officer or director

MARC L. DAVIS 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.

Marc L. Davis
Signature of Registered Agent

5/1/09
Date

If signing on behalf of an entity:

MARC L. DAVIS
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)