

P03000118893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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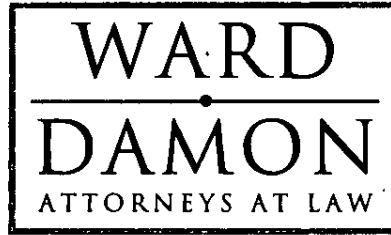
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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
12/21/10



4420 Beacon Circle
West Palm Beach, Florida 33407
Phone: 561-842-3000 *Fax: 561-842-3626

Rana M. Gorzeck, Esquire
rgorzeck@warddamon.com

December 16, 2010

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: C.L. Jackson & Company, Inc.
Document Number: P03000118893

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent Form, along with Check No. 910 in the amount of \$35.00 as payment of the filing fee in this matter.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Eva D. Ruiz", with a stylized flourish at the end.

Eva D. Ruiz, Legal Assistant to
Rana M. Gorzeck

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.L. Jackson & Company, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000118893

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:

Rana Gorzeck, Esq.
Name of Contact Person

Ward Damon
Firm/Company

4420 Beacon Circle
Address

West Palm Beach, FL 33407
City/State and Zip Code

rgorzeck@warddamon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rana Gorzeck, Esq. at (561) 842-3000
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: C.L. Jackson & Company, Inc.
2. The principal office address: 6350 NE 20th Terrace, Fort Lauderdale, FL 33308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/15/2003 Document number: P03000118893
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)

BDB Agent Co.

5355 Town Center Road, Suite 900

Boca Raton, FL 33486

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

Rana Gorzeck, Esq., Ward Damon

4420 Beacon Circle

P.O. Box NOT acceptable

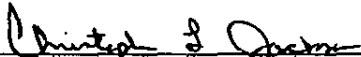
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TALLAHASSEE, FLORIDA

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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 of an officer or director

CHRISTOPHER L. JACKSON, PRES.
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 of Registered Agent

12-13-2010
Date

If signing on behalf of an entity:

Rana M. Gorzeck, Attorney
Typed or Printed Name

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