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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: J. Thomas Construction Inc (Name of Corporation)			
DOCUMENT NUMBER: PO 3000 133330			
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:			
rease return an correspondence concerning this matter to the following.			
Jamey T French (Name of Contact Person)			
J. Thomas Construction Inc. (Firm/Company)			
3838 Arnold Avenue (Address)			
Naples FL 34104 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Jody French at ( 239 ) 643-7904 x 101 (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.
1
1. The name of the corporation: J. Thomas Construction, Inc.
2. The principal office address: 3838 DeNote Due
NAPLES F. 34104
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
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)
AU FIRELLA Frem Inc
813 Deltona Blud Ste A 27 F
BOX 1850402
VILLAND 6 20035
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Jamey French
3838 Denoted Ave
(P.O Box NOT acceptable)
MAPRES PC SHOP
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)  (Signature of an officer or director)  (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.
2/22/09
(Senature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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