P0300055447

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SEUNETANY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: JMMP, Inc. (Name of Corporation)					
DOCUMENT NUMBER: P03000155447					
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:					
Richard D. Cimino, Esq. (Name of Contact Person)					
(Name of Contact Letson)					
Cimino & McElrath					
(Firm/Company)					
4501 Tamiami Trail N., Ste. 204					
(Address)					
Naples, FL 34103 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Richard D. Cimino, Esq. at (239) 262-1202 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Name of Contact Person) (Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address: Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of change is	sions of sections 607.0502, 6. I submitted for a corporation Thange its registered office or	organized under the law.	s of the State of Flo	orida
1. The name of the cor	rooration: JMMP, I	nc.		
2. The principal office		Blvd., Naples, F	FL 34118	
3. The mailing address	s (if different): 448 G	olfview Drive, Na	aples, FL 34110)
4. Date of incorporation	on/qualification: 12/19	/03 Document m	umber:P0300015	55447
5. The name and street Florida Department	t address of the current regist of State:	ered agent and registered	office on file with the	e
	John C. Martin			
	448 Golfview Dr	ive		75 8
	Naples, FL 3411	0		FI JUNE
6. The name and street (if changed):	t address of the new registere	ed agent (if changed) and	/or registered office	OG JUN 29 AM 10: 00 SECURLANASSEE, FLORIDA
	Lorenzo Sanchez			ELOGIA SIN O O
	3340 15th Avenu			DATE O
	(P.O. Box NOT ac Naples, FL 3411			y Siri
The street address of as changed will be ide	its registered office and the	street address of the bus	iness office of its reg	gistered agent,
Such change was auth authorized by the boa	norized by resolution duly a rd, or the corporation has b	dopted by its board of deen notified in writing o	irectors or by an office the change.	cer so
Mulh	,	John C. Ma	artin	
	officer or director)	,	ed or typed name and title)	
I hereby accept the ap I further agree to com of my duties, and I an document is being file corporation has been	opointment as registered ag aply with the provisions of a a familiar with and accept to a merely to reflect a chang notified in writing of this co	ent and agree to act in t ll statutes relative to the he obligation of my posi e in the registered office hange.	his capacity. proper and complet tion as registered age address, I hereby co	te performance ent. Or, if this onfirm that the
45	AT	June_2		
orenzo Sanchez			(Date)	
If sighing on behalf o	f 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 * * *