

P04000041698

(Requestor's Name)

GERALD ELLISON  
1120 NW 49th St.  
Pompano Beach, FL 33064

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RA Change  
01-24-07  
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**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JERRY ELLISON, INC.
2. The principal office address: 1120 NW 49<sup>th</sup>  
POMPANO BEACH FLA 33064
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3-4-04 Document number: P04000041698
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
TOM MULLEN  
33 DEER CREEK RD. D105  
DEERFIELD BEACH, FL 33064

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

GERALD B ELLISON  
1120 NW 49<sup>th</sup>  
POMPANO BEACH FLA 33064  
(P.O. Box NOT acceptable)

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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.

Gerald B Ellison  
(Signature of an officer or director)

GERALD B ELLISON OWNER  
(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.*

Gerald B Ellison  
(Signature of Registered Agent)

01-19-07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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