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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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07 APR 25 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Change
[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

JERRY MILLMAN
J. MILLMAN CORP.
6683 VIA DANTE
LAKE WORTH, FL 33467

SUBJECT: J. MILLMAN CORP.
Ref. Number: P04000072725

We have received your document for J. MILLMAN CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 107A00025782

RECEIVED

07 APR 25 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J. MILLMAN CORP.

(Name of Corporation)

DOCUMENT NUMBER: P04000072725

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:

JERRY MILLMAN

(Name of Contact Person)

J. MILLMAN CORP.

(Firm/Company)

6683 VIA DANTE

(Address)

LAKE WORTH FL. 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY MILLMAN

(Name of Contact Person)

at (347-351-1751)

(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: J. MILLMAN CORP.
2. The principal office address: 6683 VIA DANTE LAKE WORTH FL. 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAY 5TH Document number: P04000072725
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

J. MILLMAN CORP.

3474 NORTH UNIVERSITY DRIVE, SUITE #285

SUNRISE, FL. 33351

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

[REDACTED] Jerry Millman
6683 VIA DANTE LAKE WORTH FL. 33467
(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.

[Signature]
(Signature of an officer or director)

PRESIDENT JERRY MILLMAN

(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]
(Signature of Registered Agent)

4/7/07
(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
CR2E045 (8/05)