P04000083553

(Requestor's Name)			
(Address)			
(Address)			
(ladiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Duomood Linas) Mariley			
(Degument Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300061726443

11/41/05--01009--016 **35.00



Rochg.

COVER LETTER

TO: Amendment Section Division of Corporations	METATOR AND AND AND PROPERTY COLDS AND PROPERTY AND			
The second secon				
SUBJECT: JoGlen Holding Co., Inc. (Name of Corp.)	and the second of the second o			
(Name of Corp	oration)			
DOCUMENT NUMBER: P04000083553				
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Glen C. Abbott				
(Name of Contact Person)				
Time /Comm				
(Firm/Comp	any)			
P.O. Box 2019				
(Address	s)			
Crystal River, FL 34423				
(City/State and 2	Zip Code)			
For further information concerning this matter, please call	:			
Glen Abbott (Name of Contact Person)	at (352) 795-5699 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departme				
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

statement of char	provisions of sections 607.0502, 617.0502, or	d under the laws of the	State of Florida	
	ne corporation: JoGlen Holding Co., Inc	•	<u>.</u>	
2. The principal of	office address: 109 N.E. 4th Street			
3. The mailing ac	Idress (if different): Post Office Box 2	2019, Crystal River,	FL 34423	
4. Date of incorp	oration/qualification: 05/26/2004	Document number;	P04000083553	
5. The name and Florida Depart	street address of the current registered ager ment of State:	nt and registered office of		
	Glen C. Abbott			
	706 N. Suncoast Blvd.			
	Crystal River, FL 34429		OS MO PA 2:	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or regis	stered office	
	Glen C. Abbott			
109 N.E. 4th Street				
	(P.O. Box NOT acceptable) Crystal River, FL 34429			
The street address changed will	ss of its registered office and the street ad be identical.	dress of the business o	ffice of its registered agent,	
=	s authorized by resolution duly adopted be board, or the cornoration has been notif			
(Signatur	or an series of director)	Glen C. Abbott,	President	
I hereby accept if I further agree to of my duties, and document is beir corporation has	the appointment as registered agent and a comply with the provisions of all statute I I am familiar with and accept the obliga ng filed merely to reflect a change in the r Geen notifiedlin writing of this change.	agree to act in this cape is relative to the proper ition of my position as registered office addres	acity. r and complete performance registered agent. Or, if this s, I hereby confirm that the	
	4 11/11/1	11/28/05	- · · · · · · · · · · · · · · · · · · ·	
_	nature of Registered Reent	(Dat	te)	
If signing on bel	half of an entity:			
(Ty	yped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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