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(Re	equestor's Name)	
(Ac	ddress)	•
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations
SUBJECT: JJ T PAVENS OF LEE, INC. Name of Corporation
DOCUMENT NUMBER: PO 40000 89767
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:
TAIME MARQUEZ Name of Contact Person J, J Awans of Lee, Inc. Firm/Company 206 4th Ave Apr. 2 Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: TAIME MARWEL at (239) 143-2595 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

TO:

Amendment Section

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: JGT PAVENS OF UEE, INC.	
2. The principal office address: 206 4 th Ave. Apr. 2 Fr. Machs, Fr. 33907	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/9/2004 Document number: P040000 8976	1
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) TAIME MARGE2 15337 Christine Way Fort Myws, FL 33908	
6. The name and street address of the new registered agent (if changed) and /or registered of RRY OF STATE AND SEE FLORING TO	
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.	
X January Mernander X January Hernander Signature of an officer ox director	
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.	
X James Mercande 3 5/24/10 Signature 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 * * *