

P04000137739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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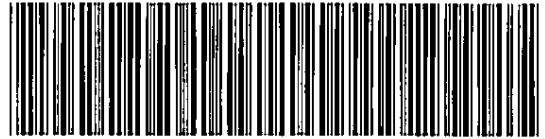
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

Jacobs Total Gas Service, Inc.

SUBJECT: _____
Name of Corporation
P04000137739

DOCUMENT NUMBER: _____

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:

Sharon Jacobs

Name of Contact Person
Jacobs Total Gas Service, Inc.

Firm/Company
6101 Waxmyrtle Way

Address
Naples, Florida 34109

City/State and Zip Code
jacobsconsultingnaples@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Jacobs

239

253-0509

Name of Contact Person at (_____) _____
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: Jacobs Total Gas Service, Inc.
2. The principal office address: 6101 Waxmyrtle Way Naples, Florida 34109

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/05/2004 Document number: P04000137739

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)

Carol LeBeau

4953 Castello Drive Ste 200

Naples, Florida 34103

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

Neal M. Jacobs

6101 Waxmyrtle Way

P.O. Box NOT acceptable

Naples, Florida 34109

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STATE

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.

Sharon Jacobs
Signature of an officer or director

Sharon Jacobs Vice President

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.

Neal M. Jacobs
Signature of Registered Agent

11-04-2019

Date

If signing on behalf of an entity:

Neal M. Jacobs

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