

P05000038019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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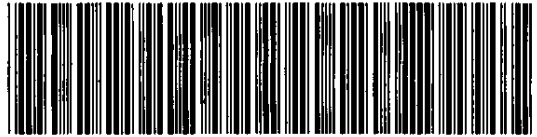
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Change

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November 30, 2009

Amendment Section
Division of Corporations
Secretary of State
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Registered Agent Change – Maxwell Services, Inc., Maxwell Motivation, Inc.,
and Jamax Realty, Inc.**

To Whom It May Concern:

Attached please find Articles of Amendment for Maxwell Services, Inc., Maxwell Motivation, Inc., and Jamax Realty, Inc., along with three checks for \$35.00 to cover the cost of filing.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Samuel A. Houghton, Sr., Esquire

Enclosure:

Cover Letter and Change of Registered Agent Form – Maxwell Services, Inc.
Cover Letter and Change of Registered Agent Form – Maxwell Motivation, Inc.
Cover Letter and Change of Registered Agent Form – Jamax Realty, Inc.
Three checks for \$35 each to cover cost of filing.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maxwell Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000038019

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:

Samuel A. Houghton
Name of Contact Person

Clark, Campbell, Mawhinney & Lancaster, P.A.
Firm/Company

500 South Florida Avenue, Suite 800
Address

Lakeland, Florida 33801
City/State and Zip Code

shoughton@ccmattorneys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel A. Houghton at (863) 647-5337
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

**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: Maxwell Services, Inc.
2. The principal office address: 500 South Florida Avenue, Suite 800
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/9/09 Document number: P05000038019
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)

Airth, Hal A Jr.

500 South Florida Avenue, Suite 800

Lakeland, Florida 33801

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

Samuel A. Houghton

500 South Florida Avenue, Suite 800

P.O. Box NOT acceptable

Lakeland, Florida 33801

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.

Linda Eggers
Signature of an officer or director

LINDA Eggers
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.

Samuel A. Houghton
Signature of Registered Agent

11/11/09
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA