Division of Corporations



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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : THE FLORIDA COMPANY

Account Number: I20060000001 Phone

: (608)827-5300

Fax Number

: (608)824-0405



REGISTERED AGENT CHANGE

JEBS ENTERPRISES INC.

Certificate of Status	0
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Joyce Swihart

HO 60002763693

p.1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tanged is submitted for a corporation organized under the laws of the State of FL
in orde	ler to change its registered office or registered agent, or both, in the State of Florida.
l. The name of	The corporation: JEBS ENTERPRISES INC.
2. The principal	l office address; 42 REYNOLDS AVE
ORMOND	BEACH FL 32174
3. The mailing a	address (if different):
42 REYNO	LDS AVE, ORMOND BEACH, FL 32174
4. Date of incom	poration/qualification: 1/23/2006 Document number: P06000009769
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rument of State:
	THE FLORIDA INCORPORATING COMPANY
	1203 GOVERNORS SQUARE, STE. 101
	TALLAHASSEE, FL 32301
	TALLARASSEE, FL 32301
6. The name and (if changed):	TALLAHASSEE, FL 32301 I street address of the new registered agent (if changed) and /or registered office 5
	Business Filings Incorporated
	1203 Governors Square Blvd, Ste. 101
	(F.O. 800 NOT acceptable)
	Tallahassee, FL 32301-2960
as changed will	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Me (SIEVAIL	re of an other of diseases) (Printed or types parts and title)
I hereby accept to I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
M_(8)	mature of Respired Agent) ngs Incooperated, Mark Schiff, Asst. Vice Pres. (Date)
	ngs incopposed, Mark Schiff, Asst. Vice Pres.
- **	
(Ту	ypod or Printed Name)
	# 060002763693 *** FILING FEE: \$35.00 ***

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