

PD6000042263

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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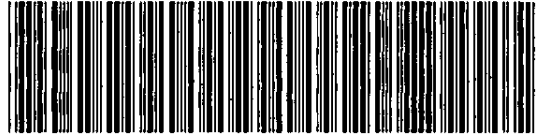
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TB

DEC - 1 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JPB + S S. INC
Name of Corporation

DOCUMENT NUMBER: POB000042 263

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:

A Phillip Coates
Name of Contact Person

JPB + S S INC
Firm/Company

P.O. Box 5403
Address

BRADENTON, FL 34281
City/State and Zip Code

P SCHWANZ @ Tampa Bay, rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Phillip Coates at (941) 739-3936
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2009

A PHILLIP COATES
JPB & SS, INC.
PO BOX 5403
BRADENTON, FL 34281

SUBJECT: JPB & SS, INC.
Ref. Number: P06000042263

*- 2321 PENNSYLVANIA AVE
Please include the
Box Number as part
of the address
We will not receive
themail Thank you*

We have received your document for JPB & SS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 009A00035027

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JPB + SS INC.
2. The principal office address: 2321 Pennsylvania
Box 5403 Bradenton, FL 34281
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 03/23/2006 Document number: P06000042263

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)

Robert E Sherriff
2342 Oakford Rd.
Sarasota, FL 34240

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

A Phillip Coates
2321 Pennsylvania Ave (Box 5403)
P.O. Box NOT acceptable
BRADENTON, FL 34281

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of an officer or director

A Phillip Coates
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.

[Signature]
Signature of Registered Agent

11-18-2009
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)