2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000059237

Entity Name: YOUR JACKSONVILLE LAWYER, P.A.

FILED Oct 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7545 CENTURION PARKWAY SUITE 108

JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

7545 CENTURION PARKWAY SUITE 108 JACKSONVILLE, FL 32256 US

FEI Number: 20-0252199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICOL, GORDON T ESQ.

8845 CHAMBORE DRIVE

JACKSONVILLE, FL 32256

US

NICOL, GORDON T ESQ.

7545 CENTURION PARKWAY

SUITE 108

JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 10/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition

Name:NICOL, GORDON T ESQ.Name:NICOL, GORDON T ESQ.Address:8845 CHAMBORE DRIVEAddress:7545 CENTURION PARKWAY, SUITE 108

City-St-Zip: JACKSONVILE, FL 32256 US City-St-Zip: JACKSONVILE, FL 32256 US

Title: VP () Delete Title: V.P. (X) Change () Addition

Name: HIGGINS, MICHAEL J Name: NICOL, GORDON T ESQ.

Address: 8845 CHAMBORE DRIVE Address: 7545 CENTURION PARKWAY, SUITE 108

City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete Title: SEC. (X) Change () Addition Name: NIXON, JASON Name: NICOL, GORDON T ESQ.

Address: 7545 CENTURION PARKWAY, SUITE 108 Address: 7545 CENTURION PARKWAY, SUITE 108

City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete Title: TRES (X) Change () Addition

Name: T.J., BLUNCK Name: NICOL, GORDON T ESQ.

Address: 7545 CENTURION PARKWAY, SUITE 108 Address: 7545 CENTURION PARKWAY, SUITE 108

City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY J. SHELOSKE KJS 10/19/2009