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PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions t	o Filing Officer:	

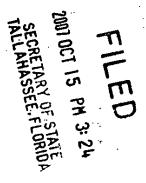
Office Use Only



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AJR

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: Jackson Heights Groceries, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P07000003383
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:
Jenniffer T. Henry
(Name of Contact Person)
Jackson Heights Groceries, Inc. (Firm/Company)
3402 E. Lake Ave
(Address)
Tampa, FL 33610
(City/State and Zip Code)
For further information concerning this matter, please call:
Jenniffer T. Henry at (813) 675-9712 (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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Jackson Heights Groceries, Inc.
2. The principal	office address: 3402 E. Lake Ave, Tampa, FL 33610
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/08/2007 Document number: P07000003383
	d street address of the current registered agent and registered office on file with the rtment of State:
	Jenniffer T. Henry
	1158 Asturia Way S.
	Tampa, FL 33705
6. The name and (if changed):	Jenniffer T. Henry 1158 Asturia Way S. Tampa, FL 33705 distreet address of the new registered agent (if changed) and /or registered office Kizzie D. Marshall
	Kizzie D. Marshall
	3402 East Lake Ave
	(P.O. Box NOT acceptable) Tampa, FL 33610
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Sulpa	Jenniffer T. Henry (Printed or typed name and title)
///	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Kmi	gnature of Registered Agent) [O] [I] [O] [Date]
If signing on be	chalf of an entity:
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *