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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

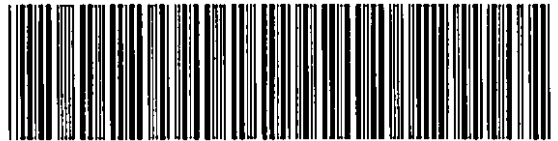
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 25 2018

PO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jamonya Enterprises Inc

Name of Corporation

DOCUMENT NUMBER: P07000072626

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:

James Oglethorpe

Name of Contact Person

Jamonya Enterprises Inc

Firm/Company

21450 Strada Nuova Circle #A201

Address

Estero FL 33928

City/State and Zip Code

jim.oglethorpe@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Oglethorpe

Name of Contact Person

at (410) 409-0441

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: Jamonya Enterprises Inc
2. The principal office address: 21450 Strada Nuova Circle #A-201
Estero FL 33928
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/22/2007 Document number: P07000072626

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)

James Oglethorpe

9970 Estero Oaks Drive Apt. 101

Estero FL 33967

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

James Oglethorpe

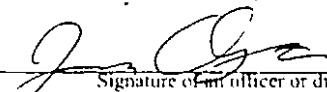
21450 Strada Nuova Circle # A-201

P.O. Box NOT acceptable

Estero FL 33928

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.

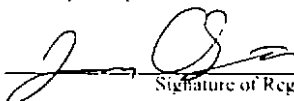


Signature of an officer or director

James Oglethorpe, Secretary

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 of Registered Agent

7/10/18

Date

If signing on behalf of an entity:

James Oglethorpe

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