P07000127633

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TO:

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JAKS PAINT SHOP, INC.
(Name of Corporation)
DOCUMENT NUMBER: P07000127633
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
• ,
JEFF WILKS
(Name of Contact Person)
JAKS PAINT SHOP, INC.
(Firm/Company)
3222 NORTH MAIN STREET
(Address)
GAINESVILLE, FL 32609
(City/State and Zip Code)
For further information concerning this matter, please call:
GREGORY V. BEAUCHAMP, P.A. at (352) 493-1458
GREGORY V. BEAUCHAMP, P.A. at (352) 493-1458 (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

	of the corporation: JAKS PAINT SHOP,	gistered agent, or both, in th <mark>e Stat</mark> e of Florida . iNC.	4
	pal office address: 3222 NORTH MAIN		
3. The mailin	og address (if different): 3222 NORTH N	MAIN STREET, GAINESVILLE, FL 32609	
4. Date of inc	corporation/qualification: 11/29/2007	Document number: P070	00127433
5. The name		ed agent and registered office on file with the	
	JEFF WILKS		5 00 9 .
	4401 U. S. HWY 19		FILI FDEC - TAR FCRETAR FLAHASS
	NEW PORT RICHEY, FL 34	652	HAS HAS
6. The rame (if changed	and street address of the new registered (l):	agent (if changed) and /or registered office	TLED -7 PM 1: 02 ARY OF STATE ASSEE, FLORID
	JEFF WILKS	and the second program of the second program	
	3222 NORTH MAIN STREE		>
	(P.O. Box NOT acces)	rable)	
	GAINESVILLE, FL 32609		
The street ad- as changed w	dress of its registered office and the suitil be identical.	eet address of the business office of its regi	stered agent,
Such change authorized by	was authorized by resolution duly ado y the board, or the corporation has been	pted by its board of directors or by an officen notified in writing of the change.	er so
	ty Will	JEFF WILKS	
I hereby acce I further agre of my duties, document is l corporation	Maret medica or directors opt the approximent as registered agen see to contiply with the provisions of all a and I am familian with and accept the being filed merely to reflect a change is has been notified in writing of this char	(Pinits) of typed theme and title) I and agree to act in this capacity, statutes relative to the proper and complete abligation of my position as registered age, in the registered office address. I hereby con inge.	performance ht. Or if this ifirm that the
La	ly 2/16	12-5-07	2.
-00	Signature of Registored Agent)	(Date)	A-6-1997
If signing on	behalf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/03)