

PO8000014335

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R. A. Chang

C. COULLIETTE

DEC 01 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JEGOVILL INC
Name of Corporation

DOCUMENT NUMBER: P08000014335

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:

ALEJANDRO GONZALEZ
Name of Contact Person

JEGOVILL INC
Firm/Company

8885 SW 225 TERR
Address

CUTLER BAY, FLORIDA 33190
City/State and Zip Code

SMEDINABOHORQUEZ@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA BOHORQUEZ at (954) 288-8897
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

September 3, 2010

ALEJANDRO GONZALEZ
JEGOVILL INC
8885 SW 225 TERR
CUTLER BAY, FL 33190

SUBJECT: JEGOVILL, INC.
Ref. Number: P08000014335

We have received your document for JEGOVILL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 510A00021125

RECEIVED
6:11 PM
NOV 2 9
TALLAHASSEE, FLORIDA
STATE DEPT. OF CORP.

**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: JEGOVILL INC
2. The principal office address: 8885 SW 225 TERR
CUTLER BAY, FLORIDA 33190
3. The mailing address (if different):
10800 NW 21st STREET #130. MIAMI, FLORIDA 33172
4. Date of incorporation/qualification: 02-29-2008 Document number: P08000014335
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)

GBS CONSULTANTS INC

18501 PINES BLVD SUITE 201,

PEMBROKE PINES, FLORIDA 33029

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

JEGOVILL INC - ALEJANDRO GONZALEZ

8885 SW 225 TERR

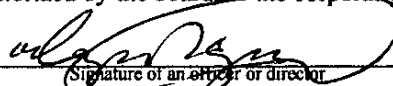
P.O. Box NOT acceptable

CUTLER BAY, FLORIDA 33190

10 DEC - 1 AM 9:33
SECRETARY OF STATE
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 of an officer or director

ALEJANDRO GONZALEZ

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

08-26-2010

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)