

P08000027560

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TALLAHASSEE, FLORIDA

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Change

Bf

11-17-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J C Joseph Enterprises Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000027560

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:

Shirley Joseph  
(Name of Contact Person)

JC Joseph Enterprises Inc.  
(Firm/Company)

17026 SW 52nd ST  
(Address)

MIRAMAR, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shirley Joseph at ( 954 ) 549-8221.  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

\$5.00 already paid for a certified copy.

**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

October 30, 2008

SHIRLEY JOSEPH  
JC JOSEPH ENTERPRISES INC  
17026 SW 52ND STREET  
MIRAMAR, FL 33027

SUBJECT: JC JOSEPH ENTERPRISES, INC  
Ref. Number: P08000027560

We have received your document for JC JOSEPH ENTERPRISES, INC and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 808A00055605

RECEIVED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

NOV 14 AM 9:00

NOV 14 2008

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JC Joseph Enterprises Inc.  
2. The principal office address: NEW ADDRESS 17026 SW 52nd St  
MIRAMAR, FL 33027  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/17/08 Document number: PO 8000027560

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)

OLD ADDRESS Shirlen Joseph  
12118 ST. Andrews Pl Ste #305  
Hollywood FL 33025

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

NEW ADDRESS 17026 SW 52 St.  
MIRAMAR FL 33027  
(P.O. Box NOT acceptable)

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SECRETARY OF STATE

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.

Shirlen Joseph  
(Signature of an officer or director)

SHIRLEN JOSEPH CEO  
(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.

Shirlen Joseph  
(Signature of Registered Agent)

11/1/08  
(Date)

If signing on behalf of an entity:

alkfjsaldkfj  
(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)

\* I Already PAID  
\$55.00 For certified