PD8000041239

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

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19 FEB 13 PM 1: 5

RARDICHS

FEB 14 2019 : ALBRITTO CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 8, 2019

ORDER TIME : 1:34 PM

ORDER NO. : 625422-004

CUSTOMER NO: 8172055

CHANGE OF AGENT

NAME:

J. DAVIS CONSTRUCTION

MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations							
CUDI	J. DAVIS CONSTRUCTION MANAGEMENT, INC.							
SUBJECT: Name of Corporation								
DOC	JMENT NUMBER: P08000041239							
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
	Name of Contact Person							
Firm/Company								
	Address							
City/State and Zip Code								
	E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter, please call:							
-	Name of Contact Person at () Area Code & Daytime Telephone Number							
Enclo:	sed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Street Address:							
	Amendment Section Amendment Section Division of Corporations Division of Corporations							
	P.O. Box 6327 Clifton Building							

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	,	ons 607.0502, 617.05 or a corporation orga					
,	-	istered office or regis		•		-	
	he corporation:	J. DAVIS CONSTRU					
2. The principal	office address: 2	451 Eastman Ave Su	iite 17 Oxnard, C/	N 93030			
3. The mailing a	ddress (if differen	t):					
4. Date of incorp	oration/qualificat	ion: 04-23-2008	Document	number:	00041239		
		the current registered resigned, enter resign		ed office on file			
	DAVIS, JONAT	THAN M			191	-17	
	3363 TURKEY (CREEK DRIVE			2019 FEB 13	=	
	GREEN COVE	SPRINGS, FL 32043			office 26		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Corporation Serv	rice Company			_		
	1201 Hays Stree	t					
	P.O. Box NOT acceptable						
	Tallahassee		FL	32301	_		
The street addre	ss of its registered be identical.	l office and the street	t address of the bu	siness office of	its registered age	ent,	
Such change wa authorized by th	s authorized by re e board, or the co	solution duly adopte rporation has been no	d by its board of dotified in writing o	directors or by a of the change.	n officer so		
<i>Q</i>	Me		Jona	ithan Davis, Pre	sident		
Signatur	re of an Afficer or directo	or		ed or typed name and	title	_	
I further agree to performan e of agent. Or, if thi hereby onfirm	the appointment a o omply with the my duties, and I a s do ument is bei that the orporati n Service Com	is registered agent an provisions of all sta m familiar with and in ng filed merely to ref on has been notified 1788	nd agree to act in tutes relative to th a ept the obligat le ta hange in th in writing of this	this capacity, the proper and co ton of my position the registered off hange.	omplete on as registered 'i e address, l		
By: (CARLE of Registered Age.	Minu		Da 13	119	_	
	nalf of an entity:	Roxanne Turne Asst. Vice Presid					
Ту	ped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35,00 * * *