

MAR. 25 2010 1:49 PM
DIVISION OF CORPORATIONS

TRENAM KEMKER

NO. 1106

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PO8000045321

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEI
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 227-0435

08-2421/DMO

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
JMAR DISTRIBUTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

2010 MAR 25 AM 8:00

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TRENAM KEMKER

NO. 1106 P. 2

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

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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: JMAR Distribution, Inc.
2. The principal office address: 9100 Penelope Drive, Brooksville, FL, 34613
3. The mailing address (if different): P.O. Box 6211, Spring Hill, FL, 34611
4. Date of incorporation/qualification: 6/6/08 Document number: P08000045321
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)

D. Michael O'Leary

101 E. Kennedy Boulevard, Suite 2700

Tampa, Florida 33602

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

Marlene A. Viereck

9100 Penelope Drive

P.O. Box NOT acceptable

Brooksville, FL 34613

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.

Marlene A. Viereck
Signature of an officer or director

Marlene A. Viereck, President
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.

Marlene A. Viereck
Signature of Registered Agent

3-25-10
Date

If signing on behalf of an entity:

Marlene A. Viereck
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
CR26043 (8/05)

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