P0800058986

•
•
;
 :
ı

Office Use Only



400161117554

10/02/09--01015--018 **35.00

Traite and Floria confidence of

may accompany to the same of the same

FILED

O9 OCT -2 PM 12: 44

SECRETARY OF STATE
TALLAHASSEF FINE

12/09/V

COVER LETTER

TO: Amendment Se Division of Co	ection rporations			
SUBJECT:	JDM TRADIN			
	Name of C	orporation		
DOCUMENT NUMB	er:P08	000058986		
The enclosed Statemen	t of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	BERNADET	T CSILLAG		
	Name of Co	ntact Person		
PAUL F. SCHNEIDER, PA Firm/Company				
	Firm/Co	ompany		
	7000 057500 04			
	7860 PETERS RC			
	1200			
	DI ANTATIO	N El 22224		
PLANTATION, FL 33324 City/State and Zip Code				
		NEIDEDDA 0014		
PAUL@PAULSCHNEIDERPA.COM E-mail address: (to be used for future annual report notification)				
D-1	nun uuuress. (10 00 useu 101 1	ataro annuar report nontication;		
For further information	concerning this matter, please	rall:		
Tot further information	concerning and matter, prease t	, , , , , , , , , , , , , , , , , , ,		
	SCHNEIDER, CPA	at (954) 474-8889 Area Code & Daytime Telephone Number		
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 ch	neck made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
•	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
. .	•	Tallahassee, FL 32301		

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

statement of cha	ange is submitted for a	corporation organized	07.1508, or 617.1508, Flo under the laws of the Stat agent, or both, in the Stat	e of FLORIDA	
	the corporation: JDM				
2. The principal	office address: PAUL	F. SCHNEIDER,	PA		
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	JUNE 17, 2008	_ Document number:	P08000058986	
	d street address of the c rtment of State: (If resign		and registered office on f	ile with the	
	AMIR R. KHAN (RESIGNED)			
6. The name and (if changed):		ew registered agent (if	changed) and /or register	ed office	-
	SCHNEIDER, PA	VUL F		09 0	
	7860 PETERS R	OAD, SUITE F-11		- AREA - 2	
	PLANTATION, F	P.O. Box NOT acc _ 33324	ериаліе	R R	
The street addr	ess of its registered of: I be identical.	fice and the street add	ress of the business office	e of its registered agent	
			its board of directors or ed in writing of the chang	The same of the sa	
Bellet	ure of an officer or director	, <u>E</u>	BERNADETT CSILLA Printed or typed nam	AG, PRESIDENT/DIRECTOR	
I further agree of my duties, a document is be	t the appointment as re to comply with the pro nd I am familiar with a ing filed merely to ref s been notified in writi	egistered agent and a svisions of all statutes and accept the obligat ect a change in the re	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	n.	
Inl.	ynature of Registered Agent		9/29/00 Date	L	
	ehalf of an entity:		Said	,	
	Funed or Printed Name				

* * * FILING FEE: \$35.00 * * *