## P08000109452

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

FRANCISCO E. GIRON, JR. JACOG, INC 9737 NW 41 STREET, SUITE 452 **DORAL, FL 33178** 

SUBJECT: JACOG, INC Ref. Number: P08000109452

We have received your document for JACOG, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please correct 5 and 6 to show the name of the registered agent is an individual.

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) 245-6905.

Letter Number: 610A00006018

Thelma Lewis Document Specialist Supervisor

## **COVER LETTER**

Division	of Corporations					
SUBJECT:	JACO					
	Name o	f Corporation				
DOCUMENT N	UMBER: PC	8000109452	<del></del>			
The enclosed Stat	tement of Change of Registered Of	fice/Agent and fee are subm	itted for filing.			
Please return all c	correspondence concerning this ma	tter to the following:				
		SCO E GIRON Contact Person				
	IAC	OG INC				
	JACOG INC Firm/Company					
	9737 NW 41 ST STE 452					
	A	ddress				
	DORA City/State	L FL 33178 and Zip Code				
	FRANCISCO.GIRO	N@JACOGBSA.COM				
	E-mail address: (to be used fo	r future annual report not	ification)			
For further inform	nation concerning this matter, pleas	se call:				
FF	ANCISCO E GIRON	at ( 512 ) Area Code & Days	351 -1088			
<b>2</b> 42	ame of Contact Person  .00 check made payable to the Dep		time Telephone Number			
to be	.oo check made payable to the Dep	attinent of State.				
EIDHAR 22	Mailing Address: Amendment Section	Street Address Amendment S	Section			
	Division of Corporations P.O. Box 6327	Division of C Clifton Build	-			
ر استا	Tallahassee, FL 32314		ve Center Circle			

Francisco E Giron
Executive Managing Director
JACOG, Business Strategic Advisory
100 Congress Ave Ste 2000
Austin TX 78701
Ph: (512) 351- 1088

Fax: (512) 492 - 7700

. . . . . .

Thursday, March 18, 2010

Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

To Whom It May Concern:

Please note that payment in the amount of \$35.00 had already been mailed and collected for this second request.

Please feel free to contact me if you have any questions

Francisco E Giron

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

statement of cha	nnge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Sta	nte of FLORIDA		
1. The name of	the corporation: JACO	G, INC				
	office address: 9737 N		52			
		L FL 33178		""		
3. The mailing a	address (if different): 97	37 NW 41 ST S	ΓE 452			
		RAL FL 33178				
4. Date of incorp	poration/qualification:	12/18/2008	_ Document number:	P08000109452		
5. The name and		rent registered agent	and registered office on	file with the		
	FRANCISCO E GI	RON		· 		
	12401 W OKEECHOBE RD # 440					
	HIALEAH GR FL	33018		2010 I		
6. The name and (if changed):			changed) and /or register	EE, F		
	9737.NW 41 ST ST		eptable	Q 9: 50		
	DORAL FL 3317.8.					
The street addre	ess of its registered office be identical.	e and the street add	ress of the business office	ce of its registered agent,		
Such change wa authorized by the	as authorized by resolut be board, or the corpora	ion duly adopted by tion has been notific	its board of directors or ed in writing of the chan	by an officer so ge.		
Signatu	ne of an officer or director		FRANCISCO Printed or typed nan	DE GIRON		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov id I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and ag isions of all statutes d accept the obligat It a change in the re g of this change.	gree to act in this capaci relative to the proper a ion of my position as reg gistered office address,	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the		
	mature of registered Agent		3/ 18 /2 Date	2010		
FRA	NCISCO E GIRON					
	yped or Printed Name					

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