

PD90000022694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

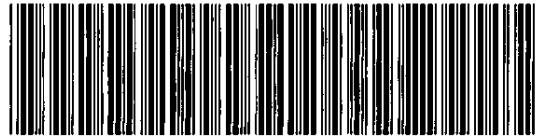
(Business Entity Name)

(Document Number)

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FLORIDA STATE
SUPPORTIVE
TALMADGE, FL 32150
10 FEB 18 PM 3:17

RA/KO/chg
@ 5/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triple J Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000022694

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:

Jacky Jeoung

Name of Contact Person

Triple J Enterprises, Inc.

Firm/Company

8286 Western Way Circle, Unit C-7

Address

Jacksonville, FL 32256

City/State and Zip Code

jacky3482jacky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacky Jeoung

Name of Contact Person

at (561) 827-6079

Area Code & Daytime Telephone Number

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

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

February 9, 2010

JACKY JEOUNG
TRIPLE J ENTERPRISES, INC.
8286 WESTERN WAY CIRCLE - UNIT C-1
JACKSONVILLE, FL 32256

SUBJECT: TRIPLE J ENTERPRISES, INC.
Ref. Number: P09000022694

We have received your document for TRIPLE J ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 310A00003326

*Corrected
by Jacky 2/16/10*

RECEIVED

2010 FEB 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Triple J Enterprises, Inc.
2. The principal office address: 8286 Western Way Circle, Unit C-1
Jacksonville FL 32256
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/11/09 Document number: P09000022694

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)

Corporation Service Company
1201 Flays Street
Tallahassee FL 32301 US
800-818-6082

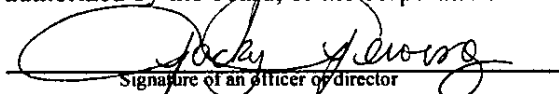
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

name: Jacky Jeoung
8286 Western Way Circle, Unit C-1
P.O. Box NOT acceptable
Jacksonville FL 32256

FILED
TALLAHASSEE, FLORIDA
10 FEB 18 PM 3:17

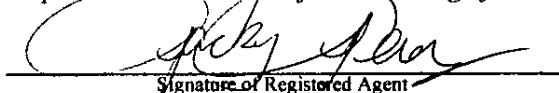
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

JACKY JEOUNG
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.


Signature of Registered Agent

2/10/10
Date

If signing on behalf of an entity:

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