

P090000033186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

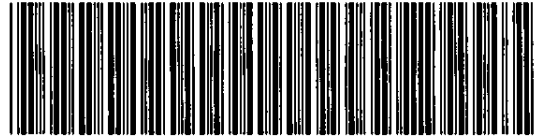
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255865987

01/27/14--01036--003 **35.00

FILED
SECRETARY OF STATE
14 JAN 27 PM 1:33

R.A/R0/ch8
10 1.30.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jignasa Inc.
Name of Corporation

DOCUMENT NUMBER: PD9000033186

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:

Gita Thakor
Name of Contact Person

Jignasa Inc.
Firm/Company

419 Duval St. NE
Address

Live Oak FL 32064
City/State and Zip Code

gitathakor@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gita Thakor at (386) 209-0867
Name of Contact Person 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

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

- CR2E045 (03/12)

FILED
U.S. DEPARTMENT OF JUSTICE
JAN 27 PM 1:23