P09000042444

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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DIVISION OF EARPORATIONS

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COVER LETTER

TO: Amendment Se Division of Co	ection rporations			
SUBJECT:	WJT SERVI Name of G	CES INC Corporation		
DOCUMENT NUMB	er: P09	000042444		
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are subm	itted for filing.	
Please return all corres	pondence concerning this matte	er to the following:		
	-	•		
	JOSE H	1 TOVAR		
		ontact Person		
WJT SERVICES INC				
	Firm/C	ompany		
			•	
1722 3RD STREET NORTH Address				
	Auc	uress	,	
JACKSONVILLE FL 32224 City/State and Zip Code				
Ступстине шта Д.р. Содо				
E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	call:		
	SE H TOVAR f Contact Person	at (904)	424-5084 ime Telephone Number	
Nume	Contact i Cison	Area code & Dayt	une relephone Number	
Enclosed is a \$35.00 ch	eck made payable to the Depar	rtment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng /e Center Circle	

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: WJT SERVICES INC
2. The principal office address: 1722 3RD STREET NORTH
JACKSONVILLE FL 32250
3. The mailing address (if different): 13364 BEACH BLVD #726 JACKSONVILLE FL 32224
4. Date of incorporation/qualification: 5/13/2009 Document number: P09000042444
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) -Wendy TD Var
133124 Beach Blud. #726 3 3
Jacksonville, Fr 32224
13364 Beach Blod. #726 Jacksonville, F. 32224 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): JOSE H TOVAR
(if changed): JOSE H TOVAR 10770 INDIES DRIVE NORTH
10770 INDIES DRIVE NORTH
P.O. Box NOT acceptable
JACKSONVILLE FL 32246
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.
JOSE H TOVAR 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.
Withhold 11/10/2009
Signature of Registered Agent Date
If signing on behalf of an entity:
JOSE H TOVAR 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 CR2E045 (8/05)