## P09000046708

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u> </u>					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Janet E. Johnson P.A.  Name of Corporation
DOCUMENT NUMBER: PO 9000046708
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:
Janet Ellen Juhnson Name of Contact Person
Janet E. Johnson, P.A.
Janet E. Juhnson, P.A.  Firm/Company  Current Address:  211N. Libertystreet, suite 3  Jacusunville FL 32202  Jacusunville FL 32202  Jacusunville FL 32202  Jacusunville FL 32207
City/State and Zip Code
Janet@ Janefejuhnanian, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 634-8991  Area Code & Daytime Telephone Number
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

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida $S$ organized under the laws of the State of $\_$ registered agent, or both, in the State of $F$ .	Florida
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: Janet E office address: OLD; 211	E. Johnson, P. A.  N. L. berty street s  wimule FC 32202  :3219 AHANTIBLUD,	wite 3,
3. The mailing a	ddress (if different):	:3219 AHGNACBIUD,	Jacus unville FC 3 221
4. Date of incorp	poration/qualification: 51281	ZDD9_Document number: PO90	00046708
5. The name and Florida Depar	street address of the current regist tinent of State: (If resigned, enter r	tered agent and registered office on file witesigned)	th the
	Janet E. Jahr	SOV	<b>1</b> A.C.
	211 N. Libertz	y street, suite 3	Mov
	Jacusonville	FL 32102	27
6. The name and (if changed):	street address of the new registere $f$	ed agent (if changed) and /or registered offi	ILED I PHIZ: 32
	DAVEL C. JU	VCOV	4
	3219 Atlan POB Jacusonville	ox NOT acceptable FL 32207	
The street addre		street address of the business office of its	registered agent,
		lopted by its board of directors or by an o en notified in writing of the change. Janet E. Joh	fficer so
()	e of an officer or director	Printed or typed name and title	
1 jurther agree to performance of t avent. Or, if thi	o comply with the provisions of all my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and comp and accept the obligation of my position to reflect a change in the registered office ified in writing of this change.	olete as registered e address, I
Sign	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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