

P090000061131

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

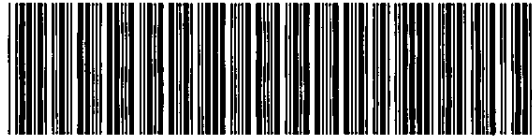
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100261362661

06/23/14--01013--011 \*\*35.00

FILED  
OFFICE OF THE CLERK  
14 JUN 23 PM 2:59

RA/RO/CH8  
@ 7.9.14

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alesha F. Jacobs Inc.  
Name of Corporation

DOCUMENT NUMBER: PO9000001131

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:

Alesha Jacobs-Santos  
Name of Contact Person

Alesha F. Jacobs Inc.  
Firm/Company

Before  
June 10<sup>th</sup>

1917 Canterbury Cir  
Address

After June 10<sup>th</sup>  
10712 Greenwich Lane

Wellington, FL 33411  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alesha Jacobs-Santos at (561) 508-7001  
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**

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

1. The name of the corporation: Alesha F. Jacobs Inc
2. The principal office address: 10712 Greenwich Lane  
Wellington, FL 33414
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/17/09 Document number: PO9000061131

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)

Alesha F. Jacobs  
1917 Canterbury Circle  
Wellington, FL 33414

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

Alesha F. Jacobs-Santos  
10712 Greenwich Lane  
Wellington, FL 33414

P.O. Box NOT acceptable

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.

Alesha F. Jacobs-Santos  
Signature of an officer or director

Alesha F. Jacobs-Santos  
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.*

Alesha F. Jacobs-Santos  
Signature of Registered Agent

5/23/14  
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

CR2E045 (03/12)

FILED  
STATE  
DIVISION OF CORPORATIONS  
14 JUN 23 PM 2:17