

PD9000099408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

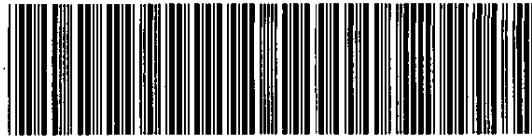
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600174934996

07/01/10--01038--008 **35.00

FILED
2010 JUL -1 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

JUL - 2 2010

FERGESON SKIPPER
SHAW KEYSER BARON & TIRABASSI
ATTORNEYS AT LAW

RICHARD R. GANS, ESQ.
rgans@fsskbt.com

Board Certified Wills, Trusts and Estates Lawyer
Fellow, American College of Trust and Estate Counsel

June 29, 2010

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: JCMS, Inc.
File No. 12811/24287

Dear Sir or Madam:

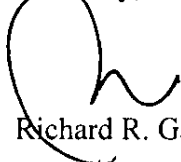
Enclosed please find the following:

1. Original and copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations.
2. Check in the amount of \$35.00 to cover the filing fee.

Please return a copy of the Statement of Change to us in the **enclosed** envelope.

Thank you for your assistance in this matter. If you have any questions, please contact me.

Sincerely,



Richard R. Gans

RRG/jab
Enclosures

cc: Mr. Joshua C. Cole

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

Pursuant to the provisions of sections 607.0502, 617.0502, or 607.1508, 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: JCMS, INC.
2. The principal office address: 2545 Albion Avenue, Orlando, Florida 32833
3. The mailing address (if different): P.O. Box 560340, Orlando, Florida 32856

4. Date of incorporation/qualification: December 9, 2009 Document number P09000099408

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)

Joshua C. Cole
5310 Manorwood Drive
Sarasota, Florida 34235

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

2545 Albion Avenue
P.O. Box NOT acceptable
Orlando, Florida 32833

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.

Joshua C. Cole
Signature of an officer or director

Joshua C. Cole, Vice President and Secretary
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.

Joshua C. Cole
Signature of Registered Agent

6-17-10
Date

If signing on behalf of an entity:

Joshua C. Cole
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)

FILED
2010 JUL -1 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA