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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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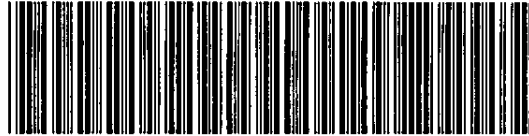
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2015

GLEND A JONES\*\*\*\*2ND MAILING\*\*\*\*  
SERVICES TO THE MAX, INC.  
P.O. BOX 8912  
PORT ST LUCIE, FL 34985-8912

SUBJECT: SERVICES TO THE MAX, INC.  
Ref. Number: P10000013771

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 115A00025111

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SERVICES TO THE MAX, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000013771

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:

GLEND A JONES

Name of Contact Person

SERVICES TO THE MAX, INC.

Firm/Company

1680 SW BAYSHORE BLVD #100

Address

PORT ST LUCIE, FL 34984

City/State and Zip Code

services2dmax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLEND A JONES

Name of Contact Person

at ( 754 ) 204-8852

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

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DIVISION OF CORPORATIONS  
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**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: SERVICES TO THE MAX, INC.
2. The principal office address: 1680 SW BAYSHORE BLVD, SUITE 100  
PORT ST LUCIE, FL 34984
3. The mailing address (if different): P.O. BOX 8912  
PORT ST LUCIE, FL 34985-8912
4. Date of incorporation/qualification: 2/15/10 Document number: P10000013771
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)

JONES INDUSTRIES GROUP, INC.

1680 SW BAYSHORE BLVD, SUITE 100

PORT ST LUCIE, FL 34984

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

PURE FINANCIAL RECOVERIES, INC.

1680 SW BAYSHORE BLVD, SUITE 100

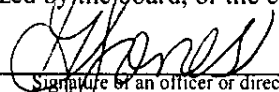
P.O. Box NOT acceptable

PORT ST LUCIE, FL 34984

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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.

  
\_\_\_\_\_  
Signature of an officer or director

GLEND A JONES

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

2/12/16

Date

If signing on behalf of an entity:

GLEND A JONES

Typed or Printed Name

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