P10000 15816

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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Q 3010 E. DENNARD

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P1000 00 15816

September 21, 2010

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

2-2

To Whom It May Concern:

Attached is the federal form 8822, Change of Address, for JK Huff, Inc. Please use this same change for all corporate returns that are filed with Florida.

Please call Terri Ollis, CPA with any questions regarding this.

Sincerely,

√ason Huffman, DC

8822

Change of Address

▶ Please type or print.

OMB No. 1545-1163

Department of the Treasury Internal Revenue Service ➤ See instructions on back. ➤ Do not att

▶ Do not attach this form to your return.

Parti	Complete This Part To Change Your Home Mailing Address		
	poxes this change affects:		
	lividual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)		
•	If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here	▶ □	
	ft, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)		
•	For Forms 706 and 706-NA, enter the decedent's name and social security number below	v.	
<u> </u>	Decedent's name ► Social security numb	er	
3a Yourn	ame (first name, initial, and last name)	3b Your social secur	ity number
4a Spous	e's name (first name, initial, and last name)	4b Spouse's social security number	
5 Prior	name(s). See instructions.		
6a Old ad	kiress (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.		Apt. no.
6b Spous	e's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign add	dress, see instructions.	Apt. no.
7 New a	ddress (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.		Apt. no.
Dort II	Complete This Part To Change Your Business Mailing Address or Busine	ee Location	
Part II		35 LOCATION	
Check an 8 ⊠ Er	boxes this change affects: nployment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 99	0, 1041, 1065, 1120,	etc.)
	nployee plan returns (Forms 5500, 5500-EZ, etc.)		
10 💢 Bu	siness location		
11a Busin	ess name	11b Employer identif	ication number
J.K. H	uff, Inc.	27-1835753	
	alling address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.		Room or suite. no.
1505 5	verset in David II C2040		
	rewster Road, Herrin, IL 62948 State		Room or suite, no.
13 New F	lating address (no., sheet, city of town, state, and zir code). If a r.C. box of followin address, see instructions.		recom or same. No.
1701 :	Shepherd Road Lakeland, FL 33811		
14 New t	usiness location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.		Room or suite. no.
1701 :	Shepherd Road, Lakeland, FL 33811		
Part III	Signature		
	Daytime telephone number of person to contact (optional) ▶		
			1
Sign	9/a1/10 Pate Part II completed, signature	of owner, officer, or representative	Date
Here		о онна, опов, оттаризаните	Jaio
	If joint returns stouse's signature Date		
	THE THEORY ISSUED AND ADDRESS OF THE PARTY IN THE PARTY I		