

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	·
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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TOCHO SEP 23 2010 R. WHITE 16 SEP 19 PH 3: 42

COVER LETTER

Division of Corporations			
SUBJECT: JOHN F, RUSSELL INC. Name of Corporation			
DOCUMENT NUMBER: \$10000054759			
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:			
JOHN F. RUSSELL, PRES. Name of Contact Person			
- Will 92 9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
JOHN F. RUSSELL INC			
• • •			
2521 NE 48 COURT			
Aduress			
LIGHTHOUSE POINT, FL 33064 City/State and Zip Code Touch MIAMI DAOL. COM			
City/State and Zip Code			
TOUCHMIAMI & ADL. COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JOHN F. RUSSELL at 305 194-2340 Name of Contact Person 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1	508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized und	ler the laws of the State of FLOR IPA
in order to change its registered office or registered age	nt, or both, in the State of Florida.
1. The name of the corporation: JOHN F. RUSSE	LL INC.
2. The principal office address: 2521 NE 48 COVE	tr
LIGHTHOUSE BOIN	17 FL 33064
3. The mailing address (if different): 5pm E	
4. Date of incorporation/qualification: 07/01/2010 D	ocument number: P/00000 5 4 759
5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)	registered office on file with the
JOHN RUSSELL	
17890 WEST PIXIE	HWY 717
NORTH MIAMI BEAC	HFL 33168
6. The name and street address of the new registered agent (if cha (if changed):	unged) and /or registered office 5
2521 NE 48 Car	K T P 3
2521 NE 48 Car P.O. Box NOT acceptable UGHTHOUSE POINT	F1 33064 5
The street address of its registered office and the street address as changed will be identical.	of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its bauthorized by the board, or the corporation has been notified in	'A'
Sun TRULBEL John	Printed or typed name and title
I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept th agent. Or, if this document is being filed merely to reflect a challenge confirm that the corporation has been notified in writing	to act in this capacity. ttive to the proper and complete e obligation of my position as registered ange in the registered office address, I
Glinthussell	SEP.12-2016
Signature of Registered Agent	Date
If signing on behalf of an entity:	
JOHNF. RUSSELL	
Typed or Printed Name	

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