P1000006971

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)	, <u>,</u>				
(Document Number)					
Certified Copies Certificates of Status	.				
Special Instructions to Filing Officer:					
,					

Office Use Only



400196026104

02/28/11--01031--029 **35.00

RAChange News 3-3-11

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations						
SUBJECT: JEHLEN ENTERPRISES Name of Corporation								
DOCU	MENT NU	MBER: P1	0000069714					
The end	closed State	ment of Change of Registered Of	fice/Agent and fee are	submitted for filing.				
Please return all correspondence concerning this matter to the following:								
		•						
		DAVII) JEHLEN					
	•	Name of	Contact Person					
	JEHLEN ENTERPRISES							
		Firm	Company					
			ER LYNN DRIVE					
		Α	ddress					
		DAVENPO	RT, FL 33897					
		City/State	and Zip Code					
DAVID@SMALLBUSINESSSIDESTADTED COM								
	DAVID@SMALLBUSINESSFIRESTARTER.COM E-mail address: (to be used for future annual report notification)							
		•		· · · · · · · · · · · · · · · · · · ·				
		tion concerning this matter, pleas	e call:					
. 05	1,41,67	DAVID JEHLEN	at (863)	424-2535				
u o	y Nan	ne of Contact Person		Daytime Telephone Number				
	`, fee[
Enclosed is a \$35.00 check made payable to the Department of State.								
); 82								
		Mailing Address:	Street Ad	dress.				
		Amendment Section	Amendm	ent Section				
		Division of Corporations		of Corporations				
		P.O. Box 6327	Clifton E					
		Tallahassee, FL 32314		ecutive Center Circle				
		·	Tallahass	see, FL 32301				

CR2E045 (8/05)

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

ى، ،

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flo organized under the laws of the Stat registered agent, or both, in the Stat	e of FLORIDA
1. The name of	the corporation: JEHLEN EN	TERPRISES, INC.	
	office address: 121 HEATHER DRT, FL 33897	LYNN DRIVE	
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: AUGUST	24, 2011 Document number:	P10000069714
	d street address of the current registr trment of State: (If resigned, enter n	ered agent and registered office on fi esigned)	le with the
	BizFilings		
	8040 Excelsior Drive Ste 2	00	
	Madison, WI 53717		
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registere	是得 日
	DAVID JEHLEN		% 78
	121 HEATHER LYNN DRIV		
	DAVENPORT, FL 33897	Box NOT acceptable	12
The street address changed will	ess of its registered office and the be identical.	street address of the business office	of its registered agent,
Such change wa authorized by the	s authorized by resolution duly a le board, or the corporation has be	dopted by its board of directors or been notified in writing of the change	oy an officer so e.
Signatu	e of an otticer or director	DAVID JEHLEN Printed or typed name	PRESIDENT and title
I hereby accept I further agree to of my duties, an document is bei carporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity ll statutes relative to the proper and he obligation of my position as regi e in the registered office address, I nange.). I complete performance stered agent. Or, if this hereby confirm that the
	M Paris dans	Date	
	pature of Registered Agent half of an entity:	Date	
 	y -		
Ty	yped or Printed Name		

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