

P11000010301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

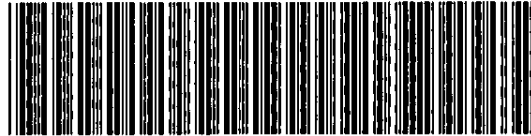
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA address change

04/04/12--01016--009 **35.00

FILED
2012 APR -4 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*OK
4/5/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAXSUN TRUCKS INC.
Name of Corporation

DOCUMENT NUMBER: P11000010301

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:

DRU I. TSUNEMORI
Name of Contact Person

JAXSUN TRUCKS INC.
Firm/Company

3176 TOWER OAKS DR
Address

ORANGE PARK, FL 32065
City/State and Zip Code

DITSUNEMORI@COMPORIUM.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DRU I. TSUNEMORI at (904) 891-5614
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, 607.1508, 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: JAXSUN TRUCKS, INC.
2. The principal office address: 3176 TOWER OAKS DR
ORANGE PARK, FL 32056
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/25/2011 Document number: P11000010301
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)

DRU I. TSUNEMORI

9480 PRINCETON SQUARE BLVD #207

JACKSONVILLE, FL 32256

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

DRU I. TSUNEMORI

3176 TOWER OAKS DR

P.O. Box NOT acceptable

ORANGE PARK, FL 32065

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

DRU I. TSUNEMORI, PRESIDENT

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

4/2/12

Date

If signing on behalf of an entity:

DRU I. TSUNEMORI

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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE