

P11000027255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

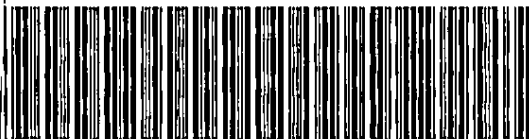
(Business Entity Name)

(Document Number)

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TALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jusean, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000027255

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:

Cynthia A Cain

Name of Contact Person

Jusean, Inc

Firm/Company

120 Bobby Jones Drive

Address

Hendersonville, NC 28739

City/State and Zip Code

cucain@aol.com

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

For further information concerning this matter, please call:

Cynthia A Cain

Name of Contact Person

at (407) 267-8003

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2020

CYNTHIA A. CAIN
JUSCAN, INC.
120 BOBBY JONES DRIVE
~~HENDERSVILLE~~, NC 28739
~~HENDERSONVILLE~~
SUBJECT: JUSCAN, INC.
Ref. Number: P11000027255

11/11/20 11:08:11

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

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00024900

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

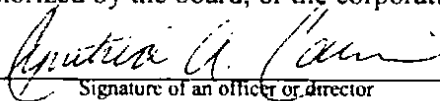
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Juscan, Inc.
2. The principal office address: 120 Bobby Jones Drive
Hendersonville, NC 28739
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/17/2011 Document number: P11000027255
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)
Cynthia A Cain
8739 Beckingham Place
Orlando, FL 32836
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~Cynthia A Cain~~ GAVIN CAIN
~~120 Bobby Jones Drive~~ 13525 BARTRAM PARK BLVD. #622
P.O. Box NOT acceptable
~~Hendersonville, NC 28739~~ JACKSONVILLE, FL 32258

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

Cynthia A Cain, 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

10/27/20 1/18/21
Date

If signing on behalf of an entity:

~~CYNTHIA A. CAIN~~ GAVIN CAIN
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