

PI2000000180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

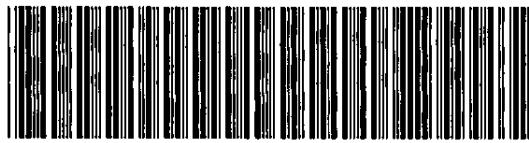
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600240564466

600240564466  
10/12/12-01026-018 \*\*35.00

REGISTRATION  
SEARCHED  
SERIALIZED  
INDEXED  
FILED  
10/15/12

R D Chas  
10/15/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jedburgh Target Systems, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P12000001780

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:

Jacqueline Smith

Name of Contact Person

Jedburgh Target Systems, Inc.

Firm/Company

427 State Road 207, Ste 102

Address

St. Augustine, FL 32084

City/State and Zip Code

info@jedburgh.co

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

For further information concerning this matter, please call:

Jacqueline Smith

Name of Contact Person

at 904 217-8742

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**

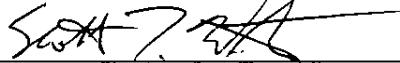
*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State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

1. The name of the corporation: Jedburgh Target Systems, Inc
2. The principal office address: 427 State Road 207, Ste 102  
St. Augustine, FL 32084
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/05/2012 Document number: P12000001780
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)  
Scott Watson  
10210 Highland Manor Dr, Ste 110  
Tampa, FL 33610
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Scott Watson  
311 Andreas Street  
P.O. Box NOT acceptable  
St. Augustine, FL 32080

12 OCT 12 PM 3:21  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

**Scott Watson**

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

**10/08/2012**

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)