

P12000002375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

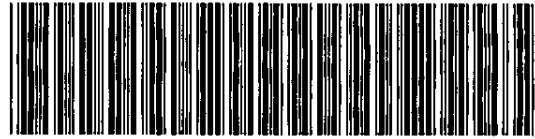
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 MAR 21 PM 2:59

RA/Ro Change

MAR 21 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Java Bean Journey, Inc.

Name of Corporation

DOCUMENT NUMBER: P12000002375

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:

Heather P. Darkatsh

Name of Contact Person

Java Bean Journey, Inc.

Firm/Company

9515 Tree Tops Lake Road

Address

Tampa, FL 33626

City/State and Zip Code

javabeanjourney@gmail.com

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

For further information concerning this matter, please call:

Heather P. Darkatsh

Name of Contact Person

at (813) 390-8091

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: Java Bean Journey, Inc.
2. The principal office address: 9515 Tree Tops Lake Road
Tampa, FL 33626
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/9/2012 Document number: P12000002375

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)

James A. Orchard - Resigned from business - Remove

16211 W Course Dr.

Tampa, FL 33624

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

Heather P. Darkatsh

9515 Tree Tops Lake Road

P.O. Box NOT acceptable

Tampa, FL 33626

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.

Heather P. Darkatsh
Signature of an officer or director

Heather P. Darkatsh, 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.

Heather P. Darkatsh
Signature of Registered Agent

3/18/2014

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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