Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120002043173)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number: I20030000112 Phone

: (239)552-4100

Fax Number

: (239)649-1706

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*



## REGISTERED AGENT CHANGE JAFI HOLDING CORP

Certificate of Status	0
Certified Copy	0
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT, JAFI HOLDING CORP

Name of Corporation

P1200017722

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:

C. LANE WOOD, ESQ.

Name of Contact Person

SALVATORI, WOOD & BUCKEL, P.L.

Firm/Company

9132 STRADA PLACE, FOURTH FLOOR

Address

NAPLES, FL 34108

City/State and Zip Code

SCS@SWBNAPLES.COM

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

For further information concerning this matter, please call:

C. LANE WOOD

,,239

552-4100

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

CR2E045 (03/12)

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

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: JAFI HOLDING CORP
2. The principal office address: 16520 S. TAMIAMI TRAIL, 138-211, FORT MYERS, FL 3390
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/21/2012 Document number: P12000017722
<ol><li>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)</li></ol>
CHAD OSBORNE
20150 CYPRESS CREEK DRIVE
ALVA, FL 33920
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SALVATORI, WOOD & BUCKEL, P.L.
9132 STRADA PLACE, FOURTH FLOOR
SALVATORI, WOOD & BUCKEL, P.L.  9132 STRADA PLACE, FOURTH FLOOR  P.O. Box NOT acceptable  NAPLES, FL 34108  The street address of the business office of its registered agent.
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.
ANTONIO VELARDO Signatura of anolíticar or director 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 dulles, 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.
Concern 8-14-12 Signature of Registered Agent Dato
If signing on behalf of an entity:
C. Lane Wood
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 CRZEO45 (03/12)

(((H120002043173)))