## P12000054876

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600265400176

10/24/14--01028--011 \*\*35.00

FILED

14.0CT 24 PM 1:31

SECRETARY FOR 1:31

Ra crang

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Jiles Law, P.A. Name of Corporation P12000054876 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: Shawn A. Jiles Name of Contact Person Jiles Law, P.A. Firm/Company P.O. Box 1847 Address Winter Haven, FL 33882 City/State and Zip Code /shawn@gotocourtforme.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn A. Jiles Area Code & Daytime Telephone, Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Sta anized under the laws of the State of <mark>Flo</mark> stered agent, or both, in the State of Flo	orida	
1. The name of t	he corporation: Jiles Law, P.A.			
2. The principal	office address: 147 Avenue C SV	W, Ste. 120, Winter Haven, F	L 33880	
	P.O. Boy 184	7 Minter Haven El 22002		
3. The mailing a	ddress (if different): P.O. Box 184	7, William Haven, FL 33002		_
4. Date of incorp	poration/qualification: 06/18/2012	Document number: P120000	054876	
	I street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with ned)	the	
	Shawn A. Jiles			
	312 W. Central Ave., Ste. 20	01		
	Winter Haven, FL 33880	· · · · · · · · · · · · · · · · · · ·		
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	FILE PH	-
	Shawn A. Jiles		SSS - I	1
	147 Avenue C SW, Ste. 120		二 二 二 い	. <b></b> .
	Winter Haven, FL 33880	OT acceptable	· <u> </u>	
	ess of its registered office and the stree be identical.	address of the business office of its re		
Such change wa authorized by th	is authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an off otified in writing of the change.	icer so	
Signatur	re of an officer or director	Shawn A. Jiles, President Printed or typed name and title	and CEO	
I further agree t performance of agent. Or, if thi	my duties, and I am familiar with and	nd agree to act in this capacity, ututes relative to the proper and comple accept the obligation of my position as flect a change in the registered office a	s registered	
	XM	10/22/14		
_	nature of Registered Agent half of an entity:	Date		
ii signing on oci	nan or an energy.			
Ту	ped or Printed Name			

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