

P12000077406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

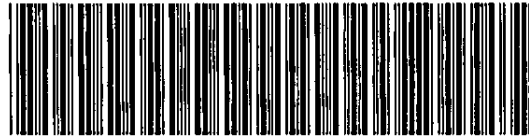
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200250089522

07/29/13--01033 -011 **35.00

FILED
13 JUL 29 AM 9:32
JUL 29 2013
FILING OFFICE
TALLAHASSEE, FLORIDA

PAID 7/30/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J & S LIFESTYLES INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

STEPHANIE HRUNKA
Name of Contact Person

J & S LIFESTYLES INC.
Firm/Company

5615 2ND ST WEST, SUITE 5
Address

LEHIGH ACRES FL 33971
City/State and Zip Code

shrunka@earthlink.net
E-mail address: (To be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE HRUNKA at (908) 295-5905
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

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: J & S LIFESTYLES INC.
2. The principal office address: 5615 2ND ST W., SUITE 5, LEHIGH ACRES FL 33971
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

FILED
13 JUL 29 AM 9:32

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

STEPHANIE HRUNKA / J & S LIFESTYLES INC.
5615 2ND STREET WEST, SUITE 5
P.O. Box NOT acceptable
LEHIGH ACRES, FL 33971

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

STEPHANIE HRUNKA
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

7.22.13

Date

If signing on behalf of an entity:

STEPHANIE HRUNKA
Typed or Printed Name

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