## D/300000 3033

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
-		

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## COVER LETTER

TO:	Amendment Section Division of Corporations
CIID I	J Enterprises, Inc
SUDJ	Name of Corporation
	P13000003033
DOC	JMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jane Rooney
	Name of Contact Person
	J Enterprises, Inc.
	Firm/Company
	1121 North Mills Avenue
	Address
	Orlando, FL 32803
	City/State and Zip Code
	jane@abfabmanagement.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Jane	Rooney 407 692-0444
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section  Amendment Section  Division of Grant Section
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
	Tallahassee, FL 32314 Cinton Building  2661 Executive Center Circle
	Tallahassee, FL 32301

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

statement, of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation:  1. The principal office address:  J Enterprises, Inc  1. The principal office address:		
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: Document number:	
Florida Depart	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)  Jessie T Singer	
	7200 NW 19th St, Suite 402 Miami, FL 33126	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Jane Rooney	
	1121 North Mills Avenue	
	Orlando, Fl 32803	
	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
	JANE RONEY, Posicion  Tank Rower, Posicion  Printed or typed name and title	
I hereby accept if further agree to performance of agent. Or, if this hereby confirm i	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The proper and complete The provision as registered The property of the obligation of my position as registered The provision as registered The provision has been notified in writing of this change.	
Sign	nature of Registered Agent Date	
If signing on bel	half of an entity:	
Tv	roed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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