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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

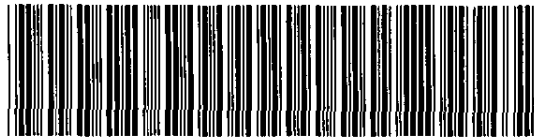
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MAR 16 2018

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18 MAR 15 AM 11:07

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2018

WILLIAN HERNANDEZ
JEREMY PROFESSIONAL TRIM CARPENTRY INC.
8344 PITTSBURGH BLVD.
FORT MYERS, FL 33967

SUBJECT: JEREMY PROFESSIONAL TRIM CARPENTRY INC.
Ref. Number: P14000009136

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE ENTIRE FORM ATTACHED AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00003747

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jeremy Profesional Trim Carpentry INC.
Name of Corporation

DOCUMENT NUMBER: P14000009136

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:

William Hernandez
Name of Contact Person

J
Firm/Company

8344 pittsburgh Blvd
Address

fort myers fl 33967
City/State and Zip Code

Cordowach21@hotmail.com. ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hernandez at (839) 243 2269
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jeremy Profesional Trim Carpentry INC.
2. The principal office address: 8416 Pittsburgh Blvd. Fort Myers
FL 33967
3. The mailing address (if different): *8344 Pittsburgh Blvd. Fort Myers FL.
33967
4. Date of incorporation/qualification: 01/29/2014 Document number: P14 000009136
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)


United States Corporation Agents, INC.
13302 winding Oak Court. A
TAMPA FL, 33612

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

William Hernandez
8416 Pittsburgh Blvd.
P.O. Box NOT acceptable
Fort Myers FL 33967

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

William Hernandez, P
Printed or typed name and title

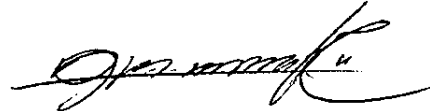
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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

2/3/18
Date

If signing on behalf of an entity:

Typed or Printed Name



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

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