## P14000017907

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: JRM Management Services, Inc.  Name of Corporation
DOCUMENT NUMBER: P14000017907
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:
Nicole Corley
Name of Contact Person
Murray, Craven, & Inman, LLP.
Firm/Company
2517 Raeford Rd., PO Drawer 53007
Address
Fayetteville, NC 28305
City/State and Zip Code
nicole@mcilaw.com  E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicole Corley at (910 )483-4990 Ext. 32  Name of Contact Person Area Code & Daytime Telephone Number
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

## **BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes 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: JRM Management Services, Inc.		
2. The principal office address: 4052 Carteret Dr., Winter Haven, FL 33884		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 02/26/2014 Document number: P1400001790	<u> </u>	
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)		
Registered Agents Inc		
3030 N. Rocky Point Dr., Ste: 150A		SIAic
Tampa, FL 33607	AGN 51	FOISI/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	V 26 PM	FILEU FIARY OF FOR CORP
Janice R. Murphy		S IAI ORAI
4052 Carteret Dr.	52	TOF STATE CORPORATIONS
P.O. Box NOT acceptable		
Winter Haven, FL 33884		
The street address of its registered office and the street address of the business office of its regist as changed will be identical.	cred a	gent.
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	so	
Janice Murphy Signature of an officer of director Physics Indicate 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 regagent. Or, if this document is being filed merely to reflect a change in the registered office addresses confirm that the corporation has been notified in writing of this change.	isteret esn, I	d
Signature of Rogistered Agoni Date  Date  11/19/2014		
If signing on behalf of an entity:		
Janice R. Murphy Typed or Printed Name		