

P14000018306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

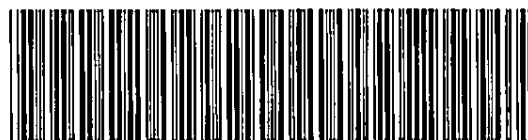
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. Johns Emergency Restoration Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000018306

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:

Marcus Thompson, Esq.

Name of Contact Person

Jackson Law Group

Firm/Company

1301 Plantation Island Dr., Suite 304

Address

St. Augustine, FL 32080

City/State and Zip Code

mthompson@jacksonlawgroup.com

E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

Marcus Thompson, Esq.

904

823-3333

Name of Contact Person

at () 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

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DIVISION OF CORPORATIONS
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2019 MAY 16 AM 11:06

- Filing Fee
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2019

MARCUS THOMPSON, ESQ.
JACKSON LAW GROUP
1301 PLANTATION ISLAND DR., STE 304
ST AUGUSTINE, FL 32080

SUBJECT: ST JOHNS EMERGENCY RESTORATION SERVICES, INC
Ref. Number: P14000018306

We have received your document for ST JOHNS EMERGENCY RESTORATION SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The acceptance signature must match the name of the person who is signing on behalf of an entity.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 619A00008887

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

1. 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.

2. Name of the corporation: St. Johns Emergency Restoration Services, Inc.

3. Principal office address: 155 International Golf Parkway, St. Augustine, FL 32095

4. Mailing address (if different): _____

5. Date of incorporation/qualification: 02/26/2014 Document number: P14000018306

6. Name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Russell E. Benes, Jr.

1405 Manatee Cove Drive

Fleming Island, FL 32003

7. Name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jackson Law Group, P.A.

1301 Plantation Island Drive

P.O. Box NOT acceptable

St. Augustine, FL 32080

8. Street address of its registered office and the street address of the business office of its registered agent, if changed, will be identical.

9. 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.

Russell Benes

Signature of an officer or director

President

Printed or typed name and title

I accept the appointment as registered agent and agree to act in this capacity, to agree to comply with the provisions of all statutes relative to the proper and complete notice 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 confirm that the corporation has been notified in writing of this change.

[Signature]

Signature of Registered Agent

5/9/2019

Date

10. Acting on behalf of an entity:

Maximus Thompson, Esq.

Typed or Printed Name

Maximus

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
5-03-12

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