

P14000020603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

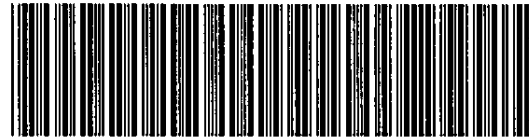
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

C. Lewis
9-17-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Johanna Perez Jacobs Inc.
Name of Corporation

DOCUMENT NUMBER: P14000020603

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:

Johanna Jacobs
Name of Contact Person

Johanna Perez Jacobs Inc
Firm/Company

914 SW 5th Street
Address

Boca Raton FL 33486
City/State and Zip Code

withaloharare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johanna Jacobs at (561) 715-9920
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Johanna Perez Jacobs Inc.
2. The principal office address: 24 SE 4th ST
Boca Raton, FL 33432
3. The mailing address (if different): 914 SW 5th ST
Boca Raton, FL 33486
4. Date of incorporation/qualification: _____ Document number: P14000020603
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)

Johanna Perez Jacobs

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

Johanna Perez Jacobs

914 SW 5th ST

P.O. Box NOT acceptable

Boca Raton, FL 33486

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.

Johanna Jacobs
Signature of an officer or director

Johanna Jacobs
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.

Johanna Jacobs
Signature of Registered Agent

9/8/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

14 SEP 11 PM 1:39
DIVISION OF CORPORATIONS
STATE OF FLORIDA