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COVER LETTER

Division of Corporations JDF CONSTRUCTION AND ROOFING GROUP INC. Name of Corporation P14000047155 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: JON M. ODEN, ESQ. Name of Contact Person WILLIS & ODEN, PL Firm/Company 2121 S. HIAWASSEE ROAD # 116 Address ORLANDO, FL 32835 City/State and Zip Code ioden@willisoden.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JON M. ODEN, ESQ. at (407)903-9939
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of ch	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flo organized under the laws of the Stat	te of FLORIDA	
		registered agent, or both, in the Stat RUCTION AND ROOFING	-	
			3 GROOP INC.	
	al office address: 390 N. ORAN DO, FL 32801	NGL AVE. # 2300		
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 05/28/20	Document number: P1	4000047155	
	nd street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on fresigned)	ile with the	
	HECTOR, YORDANYS			
	390 N. ORANGE AVE.	# 2300		
	ORLANDO, FL 32801		20 	
6. The name and street address of the new registered agent (if changed):		ed agent (if changed) and /or registere	2019 NOV 22 PM 4: 35 SECRETARY STAIL SECRETARY	П =
	WILLIS & ODEN, PL		SEE	П
	2121 S. HIAWASSEE R			
	ORLANDO, FL 32835	ox NOT acceptable	35 -	
The street addr	ess of its registered office and the sale identical.	street address of the business office	of its registered agent	t,
Such change was authorized by the	as authorized by resolution duly ad the board, or the corporation has be	dopted by its board of directors or by en notified in writing of the change	y an officer so	
Signa	are of an officer or director	JON M. ODEN, ESQ. (COR		
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered age to comply with the provisions of al f my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and and accept the obligation of my pos to reflect a change in the registered	complete sition as registered	
Sil	gnature of Registered Agent	11 119 119 Date		
If signing on be	chalf of an entity:			
JON M. ODEN,ES	Q. (mANAGER WILLIS & ODEN, PL)			
T	Typed 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 * * *