

PI40000049775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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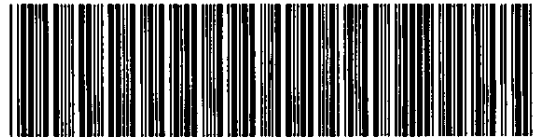
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JAN 10 PM 2:08

JAN 13 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JIMENEZ LIFE & HEALTH, INC.
Name of Corporation

DOCUMENT NUMBER: P14000049775

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:

FILED
STATE DEPT. OF CORPORATIONS
DIVISION OF CORPORATIONS
17 JAN 10 PM 2:08

JULIO E. JIMENEZ
Name of Contact Person

JIMENEZ LIFE & HEALTH, INC
Firm/Company

8564 CORAL WAY #450
Address

MCALM FL 33155
City/State and Zip Code

JIMENEZ LIFE AND HEALTH @ GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO JIMENEZ at (305) 877-5610
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JEMENEZ LIFE & HEALTH, INC.
2. The principal office address: 8000 SW 24 ST, MIAMI, FL 33155
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 06/05/2014 Document number: P14000049775
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)

JULCO E. JEMENEZ
8000 SW 24 ST
MIAMI FL 33155

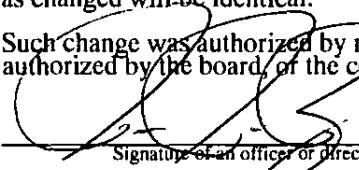
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JULCO E. JEMENEZ
8567 CORAL WAY #450
P.O. Box NOT acceptable
MIAMI FL 33155

17 JAN 10 PM 2:08
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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.

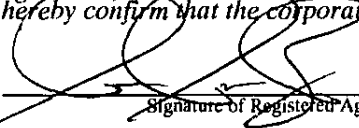


Signature of an officer or director

JULCO JEMENEZ, PRESIDENT

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

12/28/2016

Date

If signing on behalf of an entity:

JULCO E. JEMENEZ

Typed or Printed Name

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