

P140000051923

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FALL FLOESSE, IL 61701

JUN 25 1964

**S. PRATHER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JSB Professional Delivery, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P14000051923

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:

Brian K. Mathis, Esq.

Name of Contact Person

Mathis Law Group

Firm/Company

P.O. Box 91657

Address

Lakeland, FL 33804

City/State and Zip Code

bmathis@mathislawgroup.com

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

For further information concerning this matter, please call:

Jo Kirkland, ACP, FRP

Name of Contact Person

at ( 863 )

670-2557

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: JSB Professional Delivery, Inc.
2. The principal office address: 8404 NW 90th St. Unit 100, Medley, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/13/2014 Document number: P14000051923
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)

Riano & Associates, LLC

9720 Stirling Road, Ste. 204C

Cooper City, FL 33024

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

Brian K. Mathis, Esq.

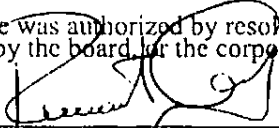
Mathis Law Group, 515 E. Las Olas Blvd. Ste. 120

P.O. Box NOT acceptable

Ft. Lauderdale, FL 33301

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, for the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Paolo G. V.  
\_\_\_\_\_  
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.*

Brian K. Mathis  
\_\_\_\_\_  
Signature of Registered Agent

April 24, 2024  
\_\_\_\_\_  
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

CR2E045 (04/13)

2024 MAY 13 PM 4:06  
DIVISION OF STATE  
TALLAHASSEE, FL 32314