

P14000052930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

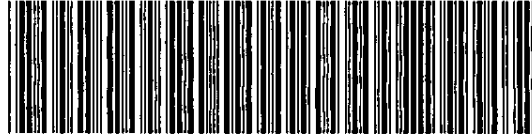
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

new R/A info is
blank
- Corp cannot
be own R/A

Office Use Only



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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 OCT -6 PM 4:22

R/A Chg

OCT 08 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Jacks Pub N Grub Inc.
Name of Corporation

DOCUMENT NUMBER:

P14000052932

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:

Robert A Orlando

Name of Contact Person

Jacks Pub N Grub Inc.

Firm/Company

5494 Central Florida Parkway

Address

Orlando, FL 32821

City/State and Zip Code

Borh2000@aol.com

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

For further information concerning this matter, please call:

Robert Orlando

Name of Contact Person

at (407) 538-7521

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

ROBERT A ORLANDO
5494 CENTRAL FLORIDA PKWY
ORLANDO, FL 32821

SUBJECT: JACKS PUB N GRUB INC.
Ref. Number: P14000052932

We have received your document for JACKS PUB N GRUB 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 515A00020001

RECEIVED

15 OCT -6 AM 11:15



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: Jacks Pub N Grub Inc.
2. The principal office address: 5494 Central Florida Parkway
Orlando, FL 32821
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/2014 Document number: D 14000052932

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)

United States Corporation Agents Inc.
13302 Winding Oak Court A
Tampa, FL 33612

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

Robert Orlando
5494 Central Florida Parkway
Orlando FL 32821

P.O. Box NOT acceptable

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.

Robert A. Orlando
Signature of an officer or director

Robert A Orlando
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.

Robert A. Orlando
Signature of Registered Agent

8/8/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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