

P1400059256

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J & C Sunshine Inc
Name of Corporation

DOCUMENT NUMBER: P14000079256

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:

JIN CHEN

Name of Contact Person

JIN CHEN CPA PA

Firm/Company

4932 Distribution Dr.

Address

Tampa FL 33605

City/State and Zip Code

JINCHENCPAPA@GMAIL.COM

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

For further information concerning this matter, please call:

JIN CHEN

Name of Contact Person

813 221-0888

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: J & C SUNSHINE INC
2. The principal office address: 3636 W. KENNEDY BLVD TAMPA FL 33609
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/24/2014 Document number: P14000079256

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)

XIAOMEI JIN

3303 MARBLE CREST DR

LAND O LAKES FL34638

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

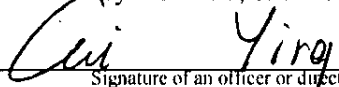
JIN CHEN CPA PA

4932 DISTRIBUTION DR TAMPA FL 33605

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.

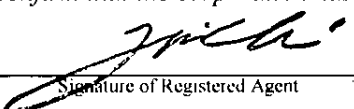
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

YING CUI 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

01-08-16
Date

If signing on behalf of an entity:

JIN CHEN

Typed or Printed Name

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

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