

P140000952 15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

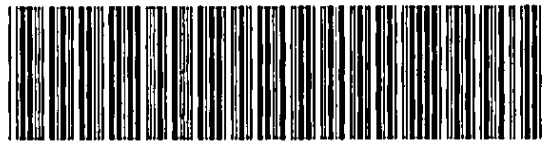
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400354102124

10/27/20--01009--022 **35.00

RECEIVED

OCT 26 2020

20

11:34:40

RH/KC/ChS

DEC 04 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CJS Legal Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000095215

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:

Carla Spears

Name of Contact Person

Firm/Company

23110 State Road 54 #430

Address

Lutz, FL 33549

City/State and Zip Code

info@cjsprocess.com

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

For further information concerning this matter, please call:

Carla Spears

at (813) 495-3190
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CJS LEGAL SERVICES, INC.
2. The principal office address: 23110 STATE ROAD 54 #430, LUTZ, FL 33549
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/24/14 Document number: P14000095215
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)

BARKER, CHRIS A

501 E. KENNEDY BLVD. SUITE 1040

TAMPA, FL 33602

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

CARLA SPEARS

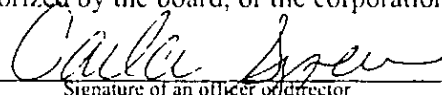
23110 STATE ROAD 54 #430

P.O. Box NOT acceptable

LUTZ, FL 33549

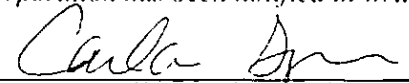
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Carla Spears
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

10/3/2020
Date

If signing on behalf of an entity:

Carla Spears
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)