715000000 835

(Re	questor's Name)		
`	,		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone #))	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name)		
	1 51 - 5 - 5		
(Do	ocument Number)		
Certified Copies	Certificates of	Certificates of Status	
	_		
Special Instructions to	Filing Officer:		

Office Use Only

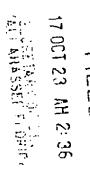


600304774876

10/24/17--01012--025 **35.00

S TALLEN OCT 2 6 2017

\$/P-CA



COVER LETTER

TO: Amendment Section Division of Corporations

 $_{SUBJECT:}$ _IESSUP INC

Name of Corporation

DOCUMENT NUMBER: P15000000835

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:

JAMISON JESSUP

Name of Contact Person

JESSUP INC

Firm/Company

1642 N. VOLUSIA AV STE 201

Address

ORANGE CITY, FL 32763

City/State and Zip Code

JAMISON@JAMISONJESSUP.COM -

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

For further information concerning this matter, please call:

JAMISON JESSUP

at (386 628-0295 Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	inge is submitted for a corporation	517.0502 , 607.1508 , or 617.1508 , Florida 3 in organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of $\frac{1}{2}$	FLORIDA	is 	
1. The name of t	the corporation: JESSUP, INC),			
2. The principal	office address: 1642 N. VOL	USIA AV, STE 201			
-	ddress (if different): SAME				
4. Date of incorp	poration/qualification: 01/04/2	2015 Document number: P1500	000083	5	
	d street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file wiresigned)	ith the		
	JAMISON JESSUP				
	2955 ENTERPRISE RC	OAD, STE B	3 - (-)	17	
	DEBARY, FL 32713		77 CV 38 (2) 32 (2) 8- (2)	OCT 23	-1
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered of	SSEC FI	A	IL ED
	JAMISON JESSUP		D	2: 36	
1642 N. VOLUSIA AV STE 201				5	
	PO Box NOT acceptable				
	ORANGE CITY, FL 32	103			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	s registered	i ager	ıt,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an open notified in writing of the change.	officer so		
JAMISON JESSUP, F		JAMISON JESSUP, PRI		T	
I hereby accept I further agree of performance of agent Or if the	to comply with the provisions of a my duties, and I am familiar with	Printed of typed name and titl gent and agree to act in this capacity, all statutes relative to the proper and com h and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	plete as registe	red I	
		10/16/2017			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
JAMISON .		_			
Τ	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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