## D1500022117

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
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SEP 2 5 2015 C. CARROTHERS

## COVER LET

TO: Amendment Section Division of Corporations
SUBJECT: Josie Presar Design, Inc  Name of Corporation
DOCUMENT NUMBER: P150000 22112
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:
Josie Presar  Name of Contact Person  Josie Presar Design, Inc.  Firm/Company  67 Burnt Pine Dr.  Address
Nupls, FL 34119 City/State and Zip Code  JOSIE PLOSIEPRESAR.COM
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Contact Person at (239) 963 4807  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

1. The name of	the corporation: Josi	e Presar	Design	JAC	
	office address: 67				7 34/19
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: Da	3/04/2015	Documen	t number: PIS	5000022112
	d street address of the currertment of State: (If resigne		_	red office on file	with the
	Corporation	2 Sarrice	Compa	ny	<del></del>
	1201 HAYS	STREET		<i>J</i>	_
	TAUGHA				
6. The name and (if changed):	d street address of the new				2815 SEP
	Josie Preso				21 \$\$\$E
	67 Burnt	P.O. Box NOT ac	centable		AH OF S
	Naples, 1				I: 02
The street addre	ess of its registered office be identical.	and the street ad	ldress of the b	usiness office of	its registered agent,
_	as authorized by resolution he board, or the corporation				
	<u> </u>	<del></del>		Presav	_
I hereby arrent	tre of an officer or director  t the appointment as regis to comply with the provis my duties, and I am fami is document is being filed that the corporation has	tered agent and di ions of all statute liar with and acc merely to reflec been notified in v	agree to act is	ited or typed name and in this capacity. The proper and co tition of my positi the registered off change.	
	) _		Josie	Presar	
(4)	nature of Registered Agent			Date	

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

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