

P15000027274

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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19 FEB 11 PM 4:30

FEB 13 2019
S. YOUNG

19 FEB 11 AM 9:53
TALLAHASSEE, FLORIDA

FEB 11



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2019

CORPORATION SERVICE COMPAMY
EMILY CROFT

SUBJECT: JNB ICEBERG DEVELOPMENT GROUP, INC.
Ref. Number: P15000027274

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

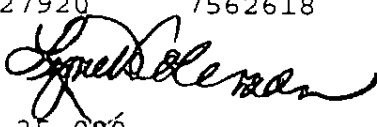
If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 119A00002976

RECEIVED
19 FEB 12 PM 1:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 627920 7562618
AUTHORIZATION : 
COST LIMIT : \$ 35.000

ORDER DATE : February 11, 2019
ORDER TIME : 2:59 PM
ORDER NO. : 627920-005
CUSTOMER NO: 7562618

CHANGE OF AGENT

NAME: JNB ICEBERG DEVELOPMENT GROUP,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JNB ICEBERG DEVELOPMENT GROUP, INC.

Name of Corporation

DOCUMENT NUMBER: P15000027274

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:

MATHEW M. KEEGAN

Name of Contact Person

WARD, MURRAY, PACE & JOHNSON P.C.

Firm/Company

226 W. RIVER STREET, P.O. BOX 404

Address

DIXON, IL 61021

City/State and Zip Code

keegan@wmpj.com

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

For further information concerning this matter, please call:

MATHEW M. KEEGAN

815 625-8200

at ()

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
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: JNB ICEBERG DEVELOPMENT GROUP, INC.
2. The principal office address: 2205 Kimberly Road - Office, Bettendorf, Iowa 52722
3. The mailing address (if different): 2205 Kimberly Road - Office, Bettendorf, Iowa 52722
4. Date of incorporation/qualification: 03/23/2015 Document number: P15000027274

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)

JAMES M. BERGMAN

28598 LA CAILLE DRIVE

NAPLES

FL 34119

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

Corporation Service Company

1201 Hays Street

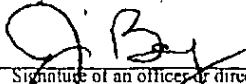
P.O. Box NOT acceptable

Tallahassee

FL 32301

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

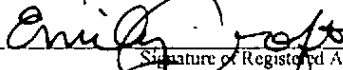
James N. Bergman

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.

Corporation Service Company


Signature of Registered Agent

02/11/2019
Date

If signing on behalf of an entity:

Emily Croft

Asst. Vice President

*** 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 (03/12)

FILED
19 FEB 11 AM 9:53
TALLAHASSEE, FLORIDA