## P15000027661

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chair	provisions of sections 607.0502, 617.0502, age is submitted for a corporation organiz to change its registered office or registere	ed under the laws of the State of Florid	8	
1. The name of the corporation:  James Family Transmission & Auto Repair Inc  2. The principal office address:  5827 North, 59th Ave., Kenneth City, FLorida 33709				
3. The mailing a	ddress (if different): same			
4. Date of incorporation/qualification: 03/20/2015 Document number: P15000027661				
5. The name and Florida Depar	street address of the current registered age tment of State: (If resigned, enter resigned Karen L. Vozniak	ent and registered office on file with th	e	
	5827 North, 59th Ave.			
	Kenneth City, FL 33709			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    James A. Vozniak   James A. Voz				
	James A. Vozniak		ARK ARK	
	5827 North, 59th Ave.			
	P.O. Box NOT acceptable			
	Kenneth City, FL 33709			
The street address of its registered office and the street address of the business office of its registered agents 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.				
× V Doc		James A Vozniak President		
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.				
x Hoa		01/12/2022		
Firmer Sig	nature of Registered Agent	Date	<u> </u>	
// /~	half of an entity:			
	voied or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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