

P150000 45388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

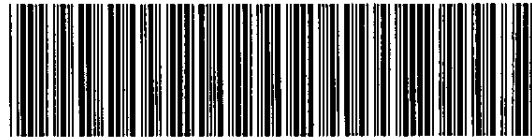
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

AUG 21 2015

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **NEW IMAGE OF CJ INC**

Name of Corporation

DOCUMENT NUMBER: **P15000045588**

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:

FEBIN JOSEPH

Name of Contact Person

Firm/Company

2095 N RONALD REAGAN BLVD

Address

LONGWOOD, FL 32750

City/State and Zip Code

CHACKOCHANJOSEPH@GMAIL.COM

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

For further information concerning this matter, please call:

FEBIN JOSEPH

Name of Contact Person

at (**516**) **426 3631**

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: NEW IMAGE OF CJ INC
2. The principal office address: 2095 N RONALD REAGAN BLVD
LONGWOOD, FL 32750
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 05/18/2015 Document number: P15000045588

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)

854 ARBORMOOR PLACE

LAKEMARY, FL 32746

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

FEBIN JOSEPH

2095 N RONALD REAGAN BLVD

P.O. Box NOT acceptable

LONGWOOD, FL 32750

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.

Pravin Joshi
Signature of an officer or director

FEBIN JOSEPH, 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.


Signature of Registered Agent

08/19/15

Date _____

If signing on behalf of an entity:

Typed or Printed Name _____

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

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

CR2E045 (03/12)

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SECRETARY OF STATE

BELLAMASSEE, FLA 32604