

P16000012425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

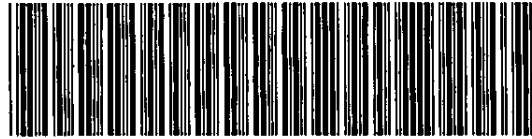
(Business Entity Name)

(Document Number)

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MONTANA

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2/7/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.J. GREATER SERVICE SOLUTION INC
Name of Corporation

DOCUMENT NUMBER: P16000012425

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:

TENRY LAZARO ABDU CHANI ALOMA
Name of Contact Person

Plus
Firm/Company

524 E 64 ST
Address

HALEASH FL 33013
City/State and Zip Code

ABDUCHANI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: 786-942-8748

TENRY LAZARO ABDU CHANI at (786) 942-8748
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2017

J & J GREATER SERVICES SOLUTION, INC.
524 E 64 ST
HIALEAH, FL 33013

SUBJECT: J & J GREATER SERVICES SOLUTION, INC.
Ref. Number: P16000012425

We have received your document for J & J GREATER SERVICES SOLUTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify which article number and/or article title you are amending, adding, or deleting.

OR If you are changing the registered agent, part 5 and 6 must be filled out.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 417A00000838

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: I & J CREATED SERVICE SOLUTION INC
2. The principal office address: 524 E 64 ST HIALEACH 33013
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/05/2016 Document number: P1600001045
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)
524 E 64 ST
HIALEACH 33013

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
524 E 64 ST
HIALEACH 33013

P.O. Box NOT acceptable

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]
Signature of an officer or director

TENNY LAZARO ABOLCHANI ALOMA
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]
Signature of Registered Agent

01/8/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)