

P 116000016594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

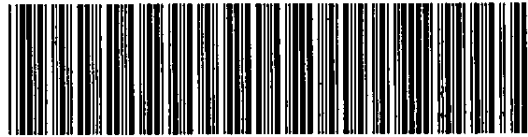
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TALLAHASSEE FLORIDA

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R. VANCE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAX THAI MASSAGE AND BODYWORK INC
Name of Corporation

DOCUMENT NUMBER: P16000016594

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:

LORI SMITH

Name of Contact Person

XPRESS E FILE INC

Firm/Company

Address

City/State and Zip Code

XEF1040@HOTMAIL.COM

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

For further information concerning this matter, please call:

TAMMY LEE ANNE HOSTETLER at 904 228-0570

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JAX THAI MASSAGE AND BODYWORK INC
2. The principal office address: 353 6TH AVENUE SOUTH, JACKSONVILLE BEACH, FL 32250

3. The mailing address (if different): 116 CRANES LAKE DRIVE, PONTE VEDRA BEACH, FL 32082

4. Date of incorporation/qualification: 02/19/2016 Document number: P16000016594

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)

TAMMY LEE ANNE HOSTETTER

116 CRANES LAKE DRIVE

PONTE VEDRA BEACH, FL 32082

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

TAMMY LEE ANNE HOSTETLER (SPELLING NEEDS CORRECTING)

116 CRANES LAKE DRIVE

P.O. Box NOT acceptable

PONTE VEDRA BEACH, FL 32082

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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.

Tammy Hostetter
Signature of an officer or director

TAMMY LEE ANNE HOSTETLER

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.

Tammy Hostetter
Signature of Registered Agent

2/29/2016

Date

If signing on behalf of an entity:

Typed or Printed Name

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