

P160000 39748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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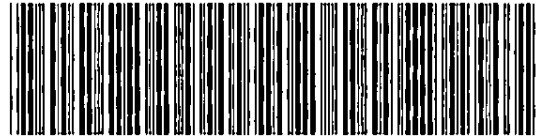
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 11 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Add an officer John Jolleys Income Tax Service inc.
Name of Corporation

DOCUMENT NUMBER: P16000039748

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:

John Jolley
Name of Contact Person
John Jolley's Income Tax Service
Firm/Company
1566 BLANDING BLVD
Address
JACKSONVILLE FL 32210
City/State and Zip Code
JJOLLEY771@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN JOLLEY at (904) 3051398
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: John Jolley's Income Tax Service INC
2. The principal office address: 1566 BLANDING BLVD JACKSONVILLE FL 32210
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/27/2016 Document number: P16000039748
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)

JOHN JOLLEY

1566 BLANDING BLVD JACKSONVILLE FL 32210

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

DEBRA A JOLLEY

1566 BLANDING BLVD JACKSONVILLE FL 32210

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.

John Jolley
Signature of an officer or director

John Jolley 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.*

Debra A. Jolley
Signature of Registered Agent

09/21/2018

Date

If signing on behalf of an entity:

DEBRA A JOLLEY

Typed or Printed Name

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

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SECRETARY OF STATE
TALLAHASSEE, FL