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| (Re | equestor's Name) | | | |
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| PICK-UP | MAIT | MAIL | | |
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| (Document Number) | | | | |
| Certified Copies | Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| | Office Use Or | nlv | | |



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|------------------|
| SUBJECT: joes 1234 20 | 17 inc. Name of Corpora | tion | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Statement of Change of I | Registered Office/Age | nt and fee ar | e submitted | for filing. |
| Please return ail correspondence conce | rning this matter to the | e following: | ļ | |
| kenneth m | • | | 1 | |
| | Name of Contact P | erson | | |
| joes 1234 | 2017 inc. | | | |
| | Firm/Compan | y | | |
| 710 U.S. h | ighway 27 | south | | |
| | Address Ivana fl, 32: City/State and Zip to be used for future | Code | ort notifica | tion) |
| For further information concerning thi | | | | |
| kenneth mallory | at (| 404 | ,933 9 | 9666 |
| Name of Contact Perso | n art | Area Code | & Daytime | Telephone Number |
| Enclosed is a \$35.00 check made paya | ble to the Department | of State. | | |
| Mailing Addr Amendment Division of C P.O. Box 63: Tallahassee, | Section Corporations 27 | Amend Division Clifton 2661 E | Address: Iment Section of Corpo Building Executive Cassee, FL 3 | center Circle |

CR2E045 (03/12)

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

| Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organization in order to change its registered office or registe | ized under the laws of the State of | | |
|---|---|--|--|
| 1. The name of the corporation: joes 1234 2017 in | C | | |
| 2. The principal office address: 710 U.S. highway | 27 south suite B havana fl 32333 | | |
| | | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 2017 1/0/2 | 2017 Document number: 7 (70000) 3788 | | |
| 5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned) | gent and registered office on file with the d) | | |
| kenneth mallory | | | |
| 8620 baymeadows road | JAN -8 | | |
| jacksonville florida 32256 | | | |
| 6. The name and street address of the new registered ager (if changed): kenneth mallory | THE SET OF | | |
| 710 U.S. highway 27 south s | | | |
| The street address of its registered office and the street as changed will be identical. | ŀ | | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | by its board of directors or by an officer so tified in writing of the change. | | |
| Signature of an officer or director | kenneth mallory Proces | | |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in | ites relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I | | |
| Signature of Registered Agent | 11/09/2017 | | |
| If signing on behalf of an entity: | | | |
| Kenneth MALLOW Typed or Printed Name | | | |
| * * * FILING FE | E: \$35.00 * * * | | |

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