

P17000038473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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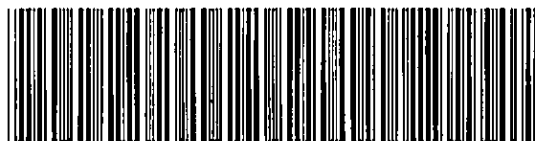
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: JK FOAM INC

Name of Corporation

DOCUMENT NUMBER: EIN: 82-1398376

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:

KRISTIAN J. ESPINOSA SERRACIN

Name of Contact Person

JK FOAM INC

Firm/Company

1721 FREEMAN DR.

Address

KISSIMMEE, FL 34744

City/State and Zip Code

JKFOAMINC@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTIAN ESPINOSA

Name of Contact Person

at (407-) 433-6497

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
Statton 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: JK FOAM INC
2. The principal office address: 1721 FREEMAN DR.
KISSIMMEE, FL 34744
3. The mailing address (if different): 1721 FREEMAN DR.
KISSIMMEE, FL 34744
4. Date of incorporation/qualification: _____ Document number: _____

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)

Evelyn Solorzano

3204 Holderness Dr.

Kissimmee, FL 34741

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

Evelyn Solorzano

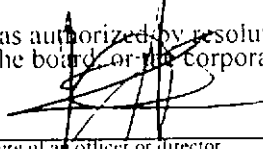
1721 FREEMAN DR. KISSIMMEE, FL 34744

P.O. Box NOT acceptable

N/A

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 of an officer or director

Kristian J. Espinosa Serracin

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

10/30/19

Date

If signing on behalf of an entity:

N/A

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

CR21E045 (03/12)