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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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10/02/2017

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17 OCT 30 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JACKSON William Services Inc  
Name of Corporation

DOCUMENT NUMBER: P 17000047293

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:

Denise Morgan  
Name of Contact Person

JACKSON William Services Inc.  
Firm/Company

17110 NW 73rd Ter  
Address

Trenton FL 32693  
City/State and Zip Code

denisemorgan38@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Morgan at ( 352 ) 221-4780  
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: JACKSON William Services Inc.
2. The principal office address: 11450 NE 22<sup>nd</sup> Ct  
Braintree FL 32008
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/26/17 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)

JACK Schofi11  
11450 NE 22<sup>nd</sup> Ct  
Braintree FL 32008

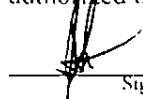
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Denise Morgan  
17110 NW 73<sup>rd</sup> Ter  
Trenton FL 32693

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 of an officer or director

Jack Schofi11, Director

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.*

Denise Morgan  
Signature of Registered Agent

OCT 24 2017  
Date

If signing on behalf of an entity:

Denise Morgan  
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)

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