

P170000042775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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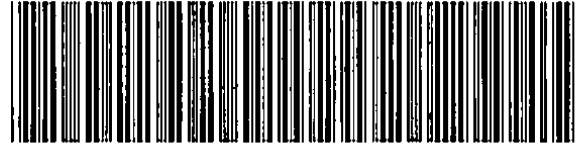
(Business Entity Name)

(Document Number)

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R/A-ut

TO: Amendment Section
Division of Corporations

SUBJECT: @ JNS Flooring & Supplies
Name of Corporation

DOCUMENT NUMBER: P17000092775

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:

James Warren

Name of Contact Person

JNS Flooring & Supplies INC.

Firm/Company

7115 U.S. Hwy 19

Address

N.P.R. FL. 34652

City/State and Zip Code

Jimmie@JNSFlooringandSupplies.com

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

For further information concerning this matter, please call:

James Warren

Name of Contact Person

at (727) 247-4589

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

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

1. The name of the corporation: JNS Flooring & Supplies INC
2. The principal office address: 7115 US Hwy 19
NPR, FL 34652
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11-17-2017 Document number: P17000092775~

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)

Schioppa, Sascha - Resigned
7115 US Hwy 19
NPR FL 34652

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

Warren, James
7115 US Hwy 19
NPR FL 34652
P.O. Box NOT acceptable

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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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.

James Warren
Signature of an officer or director

James Warren D
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.

James Warren
Signature of Registered Agent

8-17-2019
Date

If signing on behalf of an entity:

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)