

P19 000005426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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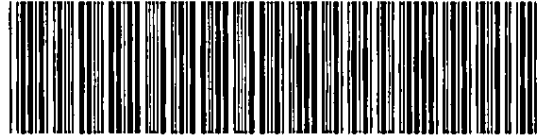
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOVIN CONSULTING INC.

Name of Corporation

**DOCUMENT NUMBER:** P19000005426

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:

JOSEPH SCIANDRA

Name of Contact Person

JOVIN CONSULTING INC.

Firm/Company

221 SOUTH MARY ELLA AVE

Address

PANAMA CITY, FL 32724

City/State and Zip Code

JOESCIANDRA@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH SCIANDRA

Name of Contact Person

at (386) 333-4006

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: JOVIN CONSULTING INC.
2. The principal office address: 221 SOUTH MARY ELLA AVE  
PANAMA CITY, FLORIDA 32724
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/14/2019 Document number: P19000005426

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)

SCIANDRA, VINICENT

1431 ORANGE CAMP ROAD

DELAND, FL 32724

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

SCIANDRA, VINICENT

221 SOUTH MARY ELLA AVE

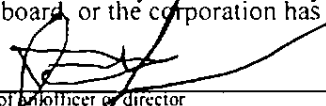
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of officer or director

JOSEPH SCIANDRA

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

03/07/2019

Date

If signing on behalf of an entity:

JOSEPH SCIANDRA

Typed or Printed Name

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