

P19000027809

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TALLAHASSEE, FL

2019-5-20  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JMC SUPPLY, CORP.

Name of Corporation

**DOCUMENT NUMBER:** P19000027809

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:

SILVA CAMPOS, MERYAN V

Name of Contact Person

JMC SUPPLY, CORP.

Firm/Company

4300 BISCAYNE BLVD. SUITE # 203

Address

MIAMI, FL 33137

City/State and Zip Code

jmcsupplyca@gmail.com

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

For further information concerning this matter, please call:

SILVA CAMPOS, MERYAN V

Name of Contact Person

at ( 786 ) 8069588

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: JMC SUPPLY, CORP.  
2. The principal office address: 4300 BISCAYNE BLVD. SUITE # 203  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/27/2019 Document number: P19000027809

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)

SILVA CAMPOS, MERYAN V

4300 BISCAYNE BLVD. SUITE # 203

MIAMI, FL 33137

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

SILVA CAMPOS, MERYAN V

4300 BISCAYNE BLVD. SUITE # 203

P.O. Box NOT acceptable

MIAMI, FL 33137

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

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.

Meryan Silva  
Signature of an officer or director

SILVA CAMPOS, MERYAN V - TITLE P/S

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.

Meryan Silva  
Signature of Registered Agent

SILVA CAMPOS, MERYAN V

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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