

P20 0000053774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

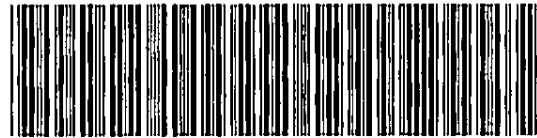
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 9 2021
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JUL 11 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACKE TRANS INC
Name of Corporation

DOCUMENT NUMBER: P20000053774

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:

Processing Department
Name of Contact Person
MyCorporation Business Services, Inc.
Firm/Company
26025 Mureau Road Suite 120
Address
Calabasas, CA 91302
City/State and Zip Code

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

For further information concerning this matter, please call:

Processing Department at (877) 6926772
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: JACKE TRANS INC
2. The principal office address: 344 SABAL SPRINGS COURT
DEBARY, FL 32713
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/14/2020 Document number: P20000053774
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)

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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

WILVER GONZALEZ


344 SABAL SPRINGS COURT

P.O. Box NOT acceptable

DEBARY, FL 32713

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

WILVER GONZALEZ, PRESIDENT

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

07-02-2021

Date

If signing on behalf of an entity:

WILVER GONZALEZ

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 (04/13)