

P20000058649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

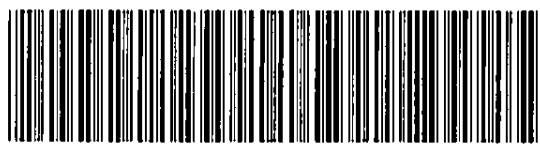
(Document Number)

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COMPTROLLER OF PUBLIC ACCOUNTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jackar Enterprise Inc
Name of Corporation

DOCUMENT NUMBER: P20000058649

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:

Daniel Jackson
Name of Contact Person
Jackar Enterprise Inc
Firm/Company
7901 4th St N STE 300
Address
St. Petersburg FL 33702
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel Jackson at (954) 478-3636
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: Jackar Enterprise Inc

2. The principal office address: 7901 4th St N STE 300, St. Petersburg FL 33702

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/28/20 Document number: P20000058649

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)

Daniel Jackson
19201 Collins Ave, Suite 303
Miami Fl 33160

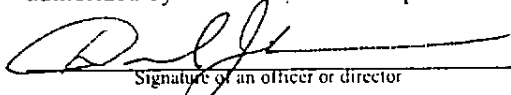
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc
7901 4th St N STE 300
St. Petersburg FL 33702
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

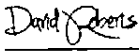
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Daniel Jackson 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

04/17/2024
Date

If signing on behalf of an entity:

David Roberts
Typed or Printed Name

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