

P21 000034329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

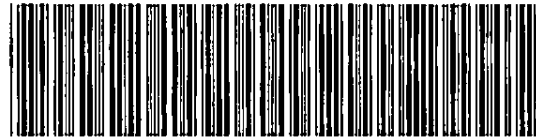
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Jonelle Fisher Inc  
Name of Corporation

DOCUMENT NUMBER: (CR2E045 Form) P21000034329

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:

Jonelle Fisher  
Name of Contact Person

Jonelle Fisher Inc  
Firm/Company

8613 Shady cwl way  
Address

Tampa FL 33647  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonelle Fisher at ( 650 ) 863-8254  
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  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jonelle Fisher Inc
2. The principal office address: 8613 Snowy Owl Way Tampa FL 33647
3. The mailing address (if different): 224 S Audubon Ave Tampa FL 33609
4. Date of incorporation/qualification: 4/8/21 Document number: P21000034329

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)

Jonelle Fisher  
8613 Snowy Owl Way  
Tampa FL 33647

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

Jonelle Fisher  
224 S Audubon Ave  
Tampa FL 33609

P.O. Box NOT acceptable

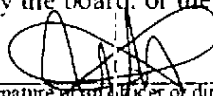
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Jonelle Fisher  
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

7/27/21  
Date

If signing on behalf of an entity:

Jonelle Fisher  
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