

P21000099334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

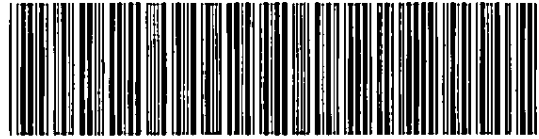
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

3/11/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAR Property Management Corporation
Name of Corporation

DOCUMENT NUMBER: P21000088334

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 Repole
Name of Contact Person
JAR Property Management Corporation
Firm/Company
4929 Skyway Dr. Apt 1405
Address
JACKSONVILLE, FL 32246
City/State and Zip Code
E-mail address: (to be used for future annual report notification) Joseph.Repole@gmail.com

For further information concerning this matter, please call:

Joseph Repole at (386) 506-6231
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: JAR Property Management Corporation
- 2. The principal office address: 4929 Skyway Dr. Apt 1405
JACKSONVILLE, FL 32246
- 3. The mailing address (if different): same
- 4. Date of incorporation/qualification: 10-11-21 Document number: P21000088334
- 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)
Legal Inc Corporate Services Inc.
476 RIVERSIDE AVE
JACKSONVILLE, FL 32200

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joseph Repole
4929 Skyway Dr. Apt 1405
JACKSONVILLE, FL 32246
P.O. Box NOT acceptable

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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] Signature of an officer or director Joseph Repole 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] Signature of Registered Agent 12-27-2022 Date

If signing on behalf of an entity:

Typed or Printed Name

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