

P 220000091781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

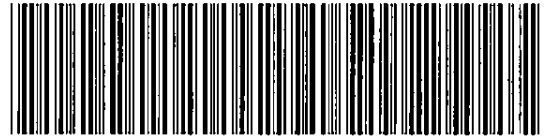
(Document Number)

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2024 MAR -6 PM 4:54



**WOLFSONCORP**  
SINCE 1970/VETERAN OWNED

JEFFREY A. WOLFSON  
FOUNDER, CEO + CHAIRMAN  
JAW@WOLFSONCORP.COM  
DIRECT: 573.4670043

DIVISIONS: SELLINGSYSTEMSINC  
TECHMEDIAINC  
EAGLEANALYTICSINC  
LOANEAGLEINC  
APPOINTMENTTEAMINC  
WOLFSONCONTRACTORSINC

Sent certified Mail #: 70222410000186847050

2.23.24

Amendment Section  
Division of Corporations  
POBox #6327  
Tallahassee, FL. 32314

RE: Change of Registered Agent

On 1.17.24 your office sent me the enclosed letter, indicating the need to Change our Registered Agent address, the package contained herein is sent to accomplish that purpose.

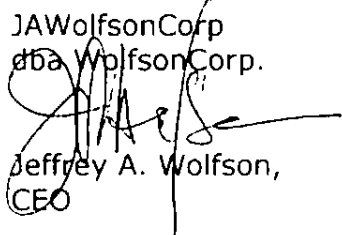
You will find enclosed:

- Cover Letter Document-fully filled out
- Statement of Change of Registered Agent
- Copy of Florida Dept of State Correspondence dated 1.17.24
- Money Order payable to Div of Corporations/State of Florida in the amount of \$35.00 the requested fee.

**If you need to reach me, please call my cell # 573.467.0043**

Regards,

JAWolfsonCorp  
dba WolfsonCorp.

  
Jeffrey A. Wolfson,  
CEO

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JA Wolfson Corp  
Name of Corporation

DOCUMENT NUMBER: P22000091781

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:

JEFFREY WOLFSON  
Name of Contact Person

JA WOLFSON CORP  
Firm/Company

1 SE OCEAN BLVD.  
Address

STUART, FL 34994  
City/State and Zip Code

ACCOUNTING@WOLFSONCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY WOLFSON at (573) 467-0043  
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: JAWOLFSON CORP  
2. The principal office address: 1 SE OCEAN BLVD  
STUART, FL 34994  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 12/12/22 Document number: P22000091781  
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)

JEFFREY WOLFSON  
16472 STATE ROUTE U  
ST. JAMES, MO 65559

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

JEFFREY WOLFSON  
1 SE OCEAN BLVD  
P.O. Box NOT acceptable  
STUART, FL 34994

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

JEFFREY WOLFSON  
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] JEFFREY WOLFSON  
Signature of Registered Agent

2/23/24  
Date

If signing on behalf of an entity:

N/A  
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)

FILED  
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