

Pa4 0000 19741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

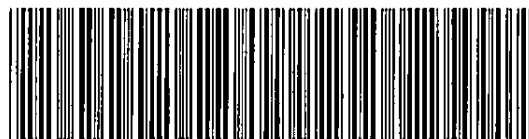
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL - 9 2024

Office Use Only



300430391783

05/24/24--01002--025 **35.00

2024 JUL 24 PM 12:42

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JJD Sales Inc
Name of Corporation

DOCUMENT NUMBER: P24000019741

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:

James DelVecchio

Name of Contact Person

JJD Sales Inc

Firm/Company

9664 E Tree Tops Court

Address

Davie, FL 33328

City/State and Zip Code

jdelvek@gmail.com

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

For further information concerning this matter, please call:

James DelVecchio

Name of Contact Person

at (954) 818-2979

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: JJD Sales Inc
2. The principal office address: 9664 E Tree Tops Court Davie, FL 33328
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/15/2024 Document number: P24000019741
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)

DelVecchio, James

9644 E Tree Tops Ct

Davie, FL 33328

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

DelVecchio, James


9664 E Tree Tops Ct

P.O. Box NOT acceptable

Davie, FL 33328

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

James DelVecchio

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

05/20/2024

Date

If signing on behalf of an entity:

James DelVecchio

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)

2024 MAY 24 PM 1:42
FILED