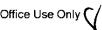
## P30422

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	







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09/12/08--01024--032 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

188 SEP 12 AM 1:25

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: JSBA, INC. (Name of Corporation)
DOCUMENT NUMBER: P30422
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:
Pamela B. RATHER (Name of Contact Person)
TBL PROPERTIES LTD. (Fifm/Company)
P.O.Box 161506 (Address)
MoBILE, AL 366/6 (City/State and Zip Code)
For further information concerning this matter, please call:
PameLA RATHER at (251) 343-8/98 (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

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## 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 ALABAMA	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: JSBA, INC.	
2. The principal office address: <u>3800 AIRPORT BLVD., SUITE 200</u>	
MOBILE, AL 36608	
3. The mailing address (if different): P.O. Box 16/506	
MOBILE, AL 36616-2506	
4. Date of incorporation/qualification: 7-3/-/990 Document number:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CHARLES H. EDGAR, JR.	
_2425 W. Nine MILE RO., SUITE 7 ESS	
PENSACOLA, FL 32534	<u> </u>
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):	
1186 WENSEL DRIVE (P.O. Box NOT acceptable)  CANTONMENT, FL 32533	,
CANTONMENT, FL 32533	
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 orporation has been notified in writing of the change.	
(Signature of an officer or director)  L. Ethis LORD, TREASURER (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.	
N/A	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(-) pro or - received	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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