

P93000076752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

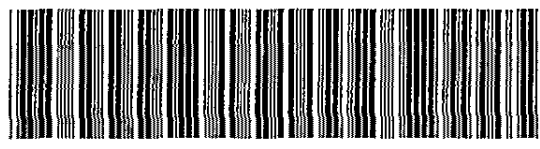
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jake & Associates Inc
(Name of corporation)

DOCUMENT NUMBER: 993000076752

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:

Jacou Berner
(Name of contact person)

Jake & Associates Inc
(Firm/Company)

2700 W ATLANTIC BLVD
Suite 207 (Address)
Pompano Beach FL 33069
(City/state and zip code)

For further information concerning this matter, please call:

Alison Berner at 954, 3440593
(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 5, 2005

JACOV BERNER
JAKE & ASSOCIATES, INC.
2700 W ATLANTIC BLVD., STE. 207
POMPANO BEACH, FL 33069

SUBJECT: JAKE & ASSOCIATES, INC.
Ref. Number: P93000076752

We have received your document for JAKE & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 605A00000628

Please See Corrected

COPY Attached

The Signature IS Mr. Berners
Signature he does not write SCRIPT

**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: Jake & Associates, Inc.
2. The principal office address: 2700 W ATLANTIC BLVD
Suite 207 Pompano Beach FL 33069
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11.5.93 Document number: 993000076752
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~TO be deleted~~ → HOWITT STUART
441 S STATE RD 7
Suite 15 Margate FL 33068

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

~~Person~~ Jake Berner
2700 W. ATLANTIC BLVD
Suite 207 Pompano Beach FL 33069
(P.O. Box NOT acceptable)

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.

Berner Jacob
(Signature of an officer or director)

Jacob Berner President
(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.

Berner Jacob
(Signature of Registered Agent)

12.24.04
(Date)

If signing on behalf of an entity:

JACOV BERNER
(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

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TALLAHASSEE, FLORIDA
CLERK OF STATE