

P93000081283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/27/14--01036--021 **35.00

14 DEC -5 PM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

APPROVED
1102 91 330
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JMAC Corp.

Name of Corporation

DOCUMENT NUMBER: P93000081283

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:

Jack Marshall

Name of Contact Person

JMAC CORP.

Firm/Company

1859 Bridger Woods Road

Address

Bozeman, MT 59715

City/State and Zip Code

jmac@jmacfinance.com

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

For further information concerning this matter, please call:

Jack Marshall

Name of Contact Person

at (888) 252-8048

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2014

JACK MARSHALL
1859 BRIDGER WOODS RD
BOZEMAN, MT 59715

SUBJECT: JMAC CORP.
Ref. Number: P93000081283

We have received your document for JMAC CORP. 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 designation of the registered agent must be at a Florida street address.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 114A00024100

*AMENDED Registered Agent Forms
Enclosed.*

RECEIVED
14 DEC -8 AM 11:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: JMAC CORP
2. The principal office address: 1859 Bridger Woods Road
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/24/1993 Document number: P93000081283
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)

Corporation Information Services, Inc.

1201 Hays St., Tallahassee, FL 32301

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

Summer A. Marshall

155 Ocean Lane Drive

P.O. Box NOT acceptable

Key Biscayne, FL 33149

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

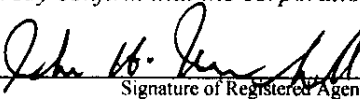
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

John H. Marshall, 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.


Signature of Registered Agent

10/21/2014

Date

If signing on behalf of an entity:

John H. Marshall

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