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COVER LETTER

TO: Amendment Section Division of Corporations	3
SUBJECT: Jacobs & Suarez, = Name of Corpora	LNC. ation A second for are submitted for filing
DOCUMENT NUMBER: P94000011693	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Don Suarez	
Name of Contact I	Person
Don Suarez Name of Contact I Jacobs & Suarez, Firm/Compan	Inc.
430 Riola Place	
Pensawla, FL 32506 City/State and Zip	Code
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Don Suarez at a	750 324-8007 Area Code & Daytime Telephone Number
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	Street Address: Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ς - 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: Jacobs \$ Suarez, Inc.
2. The principal office address: 430 Riola Place
Pensacola, FL 32506
3. The mailing address (if different):
Same as above
4. Date of incorporation/qualification: 2-08-94 Document number: P940000 1693
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)
Anthony Jacobs - Resigned
47 Bayshore Drive
Pensacola, F132507
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Don Suarez
V30 Riola Place P.O. Box NOT acceptable
Pensacola, FL 32506
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.
DON J. SUAREZ, PRESIDENT Signature an officer of director 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 Agest Signature of Registered Agest Date
If signing on behalf of an entity:
DON J. SUAREZ Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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