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TO: Amendment Section
Division of Corporations

SUBJECT: Sue A Jennings Inc
(Name of corporation)

DOCUMENT NUMBER: P95000022904

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:

Sue A Jennings
(Name of contact person)

Sue A Jennings Inc
(Firm/Company)

13849 SW 144 Trk (Parkway)
(Address)

Okechokee Fl 34974
(City/state and zip code)

For further information concerning this matter, please call:

Sue A Jennings at (561) 704-3690
(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

