## P96000070594

Louis X. Amaio, P.A. 801 Laurel Oak Drive Suite 615 Naples, Florida 34108

CR2E031(7/97)

100008100841----09/30/02--01050--009 \*\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>(Co</u>	rporation Name)		(Document #)			
,	<b>P 2 2 3 3 3 3 3 3 3 3 3 3</b>		(50000011)			
(Corporation Name)  3. (Corporation Name)		(Document #)				
4. (Corporation Name)		(Document #)				
Walk in	Pick up time				ertified Copy	
☐ Mail out	☐ Will wait		Photocopy	☐ Ce	ertificate of Status	
NEW FILINGS		AN	IENDMENTS			
Profit Not for Profit Limited Liability Domestication Other			Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign Foreign			
OTHER FILINGS		REGISTRATION/QUALIFICATION			CATION P	FILED
Annual Reporting Fictitious National			Foreign Limited Partner Reinstatement Trademark Other	ship R J		a/)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Section 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is:

## JB AMERICA, INC.

2. The name and address of the present registered agent and office:

William M. Holcomb 1282 9<sup>th</sup> Avenue North, Naples, Florida 34102

3. The name and address of the successor registered agent and office: (P.O. BOX NOT ACCEPTABLE)

Louis X. Amato, Esq. 801 Laurel Oak Drive, Suite 615, Naples, Florida 34108

The address of its registered agent and the 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.

SIGNATURE WILLIAM BARNETT
DATE 9/20/02

I, LOUIS X. AMATO, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0505, FLORIDA STATUTES.

SIGNATURE MUSICAL MUSI