P97000052096

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: JNW OF CENTR	AL FLORIDA, INC. (Name of Corporation)	
DOCUMENT NUMBER: P97000	052096	
The enclosed Statement of Change of I	Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Alexander J. O	mbres, Esquire (Name of Contact Person)	
Arnold, Mather	ny & Eagan, P.A. (Firm/Company)	
605 E. Robinso	n Street, Suite 730 (Address)	
Orlando, Florida	32801 (City/State and Zip Code)	
For further information concerning this	matter, please call:	
Susan E. Welsh (Name of Contact Perso	at (407) 933-1676 (Area Code & Daytime Telephone Numb	\
Enclosed is a \$35.00 check made payab	•	er)
Mailing Addre Amendment S Division of C P.O. Box 632 Tallahassee, F	Section Amendment Section Orporations Division of Corporations 7 Clifton Building	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	of the corporation: JNW OF CENTRA	AL FLORIDA, INC.
	pal office address: 1849 Daniels Stree	
3. The mailing	g address (if different): same	
4. Date of inc	orporation/qualification: 06/12/1997	Document number: P97000052096
	and street address of the current registere partment of State:	d agent and registered office on file with the
	Joseph N. Welsh	
	1849 Daniels Street	SE T
	Kissimmee, Florida 34746	
6. The name a (if changed)		gent (if changed) and /or registered office
	Susan E. Welsh	
	1849 Daniels Street	
	(P.O. Box NOT accepts Kissimmee, Florida 3474	
The street add		eet address of the business office of its registered agent,
		oted by its board of directors or by an officer so notified in writing of the change.
	adjure of an officer of director	Susan E. Welsh (Printed or typed name and title)
I hereby accept further agree of my duties, a document is becoment in hereby acceptance.	pt the appointment as registered agent e to comply with the provisions of all s and I am familiar with and accept the c eing filed merely to reflect a change in as been notified in writing of this chan	• • • • • • • • • • • • • • • • • • • •
À	usan t. whileh	September <u>Ib</u> , 2005
	Signature of Registered Agent)	(Date)
	1 10 0	
lf signing on t	behalf of an entity:	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)