P94000032569

Requester's Name

JC2 GROUP, INC.
4316 SAGE OAK COURT
JACKSONVILLE, FL 32277
City/State/Zip Phone #

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

1.		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	DIVIS
3. (Corporation Name)	(Document #)	SECRETAR JUL 1
4. (Corporation Name)	(Document #)	2 PM 12: 09 Certified Copy
☐ Walk in ☐ Pick up time ☐ Will wait	Photocopy	☐ Certified Copy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R Change of Regis Dissolution/With Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/C Foreign Limited Partners Reinstatement Trademark Other	

Examiner's Initials

7-15-02

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

Pursuant to the provisions of undersigned corporation orga			s, Florida Statutes, the	
submits the following stateme			d agent, or both, in the	
			_	
State of Florida. 1. The name of the corporation: State of Florida.				
2. The mailing address of the				
	Kway, Jacksonvi			
3. Date of incorporation/qual	lification: 4/5/99	Document number	: <u>P99060032569</u>	
4. The name and address of the	ne current registered agent a	nd registered office:	_	
	. Elena Crosby		-	
29	130 SW 40 Au	<u> </u>	- 2 P	
6	ainesville, E 3	2608	SECR VISIO	
5. The name and address of the	ne new registered agent (if c	hanged) and /or registered	office (if changes):	
Jose	A. CARdo		7 GZ-	
11201-	20s St. Johns 1	Indl. PKWY	PAI	
	nuille, FL 3224	_	PM 12: 09	
The street address of its reg agent, as changed, will be id	istered office and the street lentical.	address of the business	office of its registered	
Such change was authorized authorized by the board.	l by resolution duly adopte	d by its board of director	s or by an officer so	
Theline			(15 102 (Date)	
(Sighature of an officer, ch	airman or vice chairman of the boa	ird)	(Date)	
Jose A. Caado (Printed o	Orrector Treasurer		-	
Having been named as regis corporation, I hereby accep I further agree to comply we performance of my duties, a registered agent.	t the appointment as regist ith the provisions of all sta	rerea agent ana agree to t tutes relative to the prope	act in this capacity. er and complete	
Colored All 1	intered Acout	7 s\03		
(Signature of Reg	stered Agent)	(Date)		
(Typed or Printed	Name)	(Capacity	у)	

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