

P990000044207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

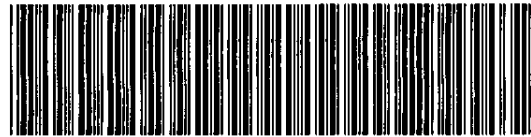
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900210816919

RA address  
Change

08/15/11--01025--017 \*\*35.00

FILED  
2011 AUG 15 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/17/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOBEK CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P99000044207

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:

BARBARA MENGELBERG  
Name of Contact Person

JOBEK CORP.  
Firm/Company

3313 S. OSPREY AVE.  
Address

SARASOTA FL 34239  
City/State and Zip Code

JMENGELBER@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA MENGELBERG at 941 366-3313  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JOBEK LOPP
2. The principal office address: 3313 S. OSPREY AVE, SARASOTA, FL  
34239
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5.12.1999 Document number: P99000044207

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)

ADDRESS  
CHANGE  
ONLY

SHERRI L. JOHNSON ESQ, JOHNSON LEGAL OF FL. P.L.  
330 South Orange Avenue  
SARASOTA FL 34276

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sherri L. Johnson, Esq.  
5602 Marquesas Cir, Suite  
Sarasota, FL 34276

P.O. Box NOT acceptable

FILED  
2011 AUG 15 PM 3:17  
TALLAHASSEE  
SECRETARY OF STATE  
CORPORATIONS DIVISION

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.

Barbara Mengelberg  
Signature of an officer or director

BARBARA MENGELBERG  
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 Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)