

P990000062609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

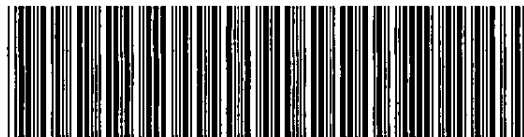
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A. Change

TB

10/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J. WOLF CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P99000062609

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:

ALBERT I. CASKILL
(Name of Contact Person)

(Firm/Company)

300 CANOPY WALK
(Address)
UNIT 325

PALM COAST, FLORIDA 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT I. CASKILL at (386) 2464211
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2008

ALBERT I. CASKILL
300 CANOPY WALK UNIT 325
PALM COAST, FL 32137

SUBJECT: J. WOLF CORPORATION
Ref. Number: P99000062609

We have received your document for J. WOLF CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 408A00050549

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TALLAHASSEE, FLORIDA

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

1. The name of the corporation: J. WOLF CORPORATION
2. The principal office address: 39 COVINGTON LANE, PALM COAST, FLORIDA 32137
as presently reflected in the records
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: JULY 14, 1999 Document number: P99000062609
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALBERT I. CASKILL

39 COVINGTON LANE

PALM COAST, FLORIDA 32137

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

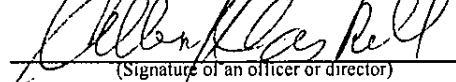
ALBERT I. CASKILL
300 CANOPY WALK

UNIT 325
PALM COAST, FLORIDA 32137
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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.


(Signature of an officer or director)

ALBERT I. CASKILL, Director
(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)

September 26, 2008
(Date)

If signing on behalf of an entity:

ALBERT I. CASKILL
(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)