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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Jolly, Peterson & Truckenbrod, P.A.

Name of Corporation

DOCUMENT NUMBER:

P99000079813

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:

Lisa Truckenbrod

Name of Contact Person

Jolly, Peterson & Truckenbrod, P.A.

Firm/Company

2145 Delta Blvd., Suite 200

Address

Tallahassee, Florida 32303

City/State and Zip Code

Imt@jollylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Truckenbrod

,850

422-0282

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

| statement of ch | ange is submitted for a corporation organ | 12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida ered agent, or both, in the State of Florida. | |
|--|--|--|--|
| 1. The name of | the corporation: Jolly, Peterson & | Truckenbrod, P.A. | |
| | | Suite 200, Tallahassee, FL 32303 | |
| | | | |
| 3. The mailing | address (if different): P.O. Box 3740 | 0, Tallahassee, FL 32315 | |
| 4. Date of incom | rporation/qualification: 9-9-99 | Document number: P99000079813 | |
| 5. The name an | nd street address of the current registered a artment of State: (If resigned, enter resigne | gent and registered office on file with the | |
| | Carl R. Peterson, Jr. | | |
| | Jolly, Peterson & Truckenbro | d, P.A. | |
| | 2145 Delta Blvd., Suite 200, | Tallahassee, FL 32303 | |
| 6. The name an (if changed): | nd street address of the new registered ager | nt (if changed) and /or registered office | |
| | Lisa Truckenbrod | | |
| | Jolly, Peterson & Truckenbrod, P.A. | | |
| • | P.O. Box NOT acceptable 2145 Delta Blvd., Suite 200, Tallahassee, FL 32303 | | |
| | | π π | |
| The street additas changed will | ress of its registered office and the street all be identical. | address of the business office of its registered agent, | |
| Such change wantherized by | vas authorized by resolution duly adopted the board or the corporation has been no | by its board of directors or by an officer so tified in writing of the change. | |
| | Men | Vice President | |
| Carl F I hereby accep I further agree performance o agent. Or. if ii | tule dan office of diffection of the appointment as registered agent and to comply with the provisions of all state of my duties, and I am familiar with and a his document is being filed merely to reflect that the corporation has been notified in | utes relative to the proper and complete occept the obligation of my position as registered ect a change in the registered office address. I | |
| M/M | Clerbiod | June 6, 2016 | |
| | ignature of Registered Agent | Date | |
| | repair of an entity: | | |
| Juliv. Pele | rson & Truckenbrod, P.A. | | |

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

Typed or Printed Name