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| Certified Copies | Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | : | | | |
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Office Use Only



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DIVISION OF CORPORATION

JUN - 9 2016

C LEWIS



TO: Amendment Section Division of Corporations

| SUBJECT:_ | F. H. & | J., Inc. |
|-------------------|------------|---------------------|
| | | Name of Corporation |
| DOCUMENT NUMBER:_ | | S55992 |
| DOCUMENT | Г NUMBER:_ | S55992 |

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:

W. Hamilton Traylor Name of Contact Person Fisher, Tousey, Leas & Ball Firm/Company 501 Riverside Ave., Suite 600 Address Jacksonville, FL 32202 City/State and Zip Code

wht@fishertousey.com

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

For further information concerning this matter, please call:

W. Hamilton Traylor

Name of Contact Person

Name of Contact Person

at (904 356-2600

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

| | provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga | | | this |
|--|---|--|--|---------------------------------------|
| - | r to change its registered office or regist | | | |
| 1. The name of | the corporation: F. H. & J., Inc. | | | |
| 2. The principal | office address: 1890 Kingsley Av | re, #102 | | · · · · · · · · · · · · · · · · · · · |
| | Orange Park, FL | 32073 | | |
| 3. The mailing a | address (if different): 1890 Kingsley | y Avenue, Suite 102 | 2 | |
| | Orange Park, | | | |
| 4. Date of incor | poration/qualification: 05/31/1991 | Document number: | S55992 | |
| 5. The name and | I street address of the current registered a timent of State: (If resigned, enter resign | agent and registered office | | |
| | Roy H. Orren | | | . |
| | 1890 Kingsley Ave., Ste.102 | | . <u> </u> | 2016 JUN |
| | Orange Park, FL 32073 | | | N OF CO |
| 6. The name and (if changed): | street address of the new registered age | ent (if changed) and /or regi | istered office | YOF SIA |
| | W. Hamilton Traylor | | | : 21 |
| | 501 Riverside Ave., Suite 60 | 0 | | |
| | P.O. Box NO | T acceptable | | |
| | Jacksonville, FL 32202 | | | |
| The street address changed will | ess of its registered office and the street be identical. | address of the business of | fice of its registe | red agent, |
| Such change wa authorized by th | is authorized by resolution duly adopted action of the corporation has been no | d by its board of directors of the characters of the characters of the characters. | or by an officer s ange. | O |
| 1/hul | Hz | L. Ward Huntley, | | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent an the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified i | Printed or typed in agree to act in this capa utes relative to the proper accept the obligation of my lect a change in the registern writing of this change. | acity. and complete position as regi | stered ss, I |
| Wes | nau/_ | Jun 1 | 2016 | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| | | | | |
| T | ped or Printed Name | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)