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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Jolly Mon, Inc.  (Name of corporation)
• • •
DOCUMENT NUMBER: V17733
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:
Jackie S. Abshire, Legal Assistant
(Name of person)
Smith, Sauer & DeMaria
(Name of firm/company)
(Name of person)  Smith, Sauer & DeMaria  (Name of firm/company)  P.O. Box 12446
(Address)
Pensacola, FL 32591-2446
(City/state and zip code)
For further information concerning this matter, please call:
Jackie S. Abshire, Legal Assistant
Jackie S. Abshire, Legal Assistant at ( 850 ) 434-2761  (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO:

Amendment Section

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

Pursuant to the	e provisions of sections	: 607.0502, 617.03	502, 607.1508, or 617.150	18, Florida Statutes,
this statement of Florida	, ,	•	ganized under the laws of office or registered agent,	•
of Florida.				
1. The name of	the corporation: Jolly	vion, inc.		
2. The principal	l office address: 13390	Perdido Key Drive,	Suite D, Pensacola, Florida	32507
1	· · · · · · · · · · · · · · · · · · ·			
3. The mailing	address (if different):1	3390 Perdido Key I	Drive, Suite D, Pensacola, F	orida 32507
4. Date of incor	poration/qualification:	02/27/1992	Document number:	V17733
5. The name and	d street address of the c rtment of State:		gent and registered office of	n file with the
	William R. Losquadro			
	6 Sweetwater Drive			<u> </u>
	Pensacola, Florida 325	514	-	<del></del>
changed):	William R. Losquadro  1482 Homeport Drive (Pro. Navarre, Florida 32566	Box or personal mailbox N	OT acceptable)	
agent, as chang	ed will be identical.		ddress of the business off	_
Such change wathorized by the Signature of an officer	as authorized by resolute board, or the corpor	Will :	by its board of directors of ified in writing of the char liam R. Losquadro, Presiden  (Printed or typed name and tit	t į
performance of registered agen	' my duties, and 1 am Ja nt. Or. if this document	muiar with and ac tis being filed mer	l agree to act in this capac tes relative to the proper of ecept the obligation of my ely to reflect a change in t s been notified in writing o	position as the registered
Willen	A Garen		September 26, 2003	300
(S If signing on behal	Signature of Registered Agent)  If of an entity:		(Date)	FILE T-1 HASSEE
(	Typed or Printed Name)	- <u></u>	(Capacity)	FE 2
	* * :	* FILING FEE: \$	35.00 * * *	$\cong_{\mathcal{T}_{2}}$
	1 C	and Fragge Decrees	mum on Strame and Afair me	<u> </u>

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314