

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000086781

**FILED**  
**Feb 17, 2023**  
**Secretary of State**  
**2972619485CC**

**Entity Name:** JAMA DIVERSIFIED CORPORATION

**Current Principal Place of Business:**

523 S ELLIS RD  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

6721 ARQUES RD  
JACKSONVILLE, FL 32205 US

**FEI Number:** 92-2402131

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COBB, MAXWELL S SR  
6721 ARQUES RD  
JACKSONVILLE, FL 32205 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name COBB, JADE M  
Address 6721 ARQUES RD  
City-State-Zip: JACKSONVILLE FL 32205

Title VP  
Name COBB, MAXWELL S THE 4TH  
Address 6721 ARQUES RD  
City-State-Zip: JACKSONVILLE FL 32205

Title SEC  
Name COBB, MAXWELL S SR  
Address 523 S ELLIS RD  
City-State-Zip: JACKSONVILLE FL 32254

Title OFF  
Name COBB, MAXWELL S SR  
Address 6721 ARQUES RD  
City-State-Zip: JACKSONVILLE FL 32205

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JADE COBB

02/17/2023

Electronic Signature of Signing Officer/Director Detail

Date