

P06000007297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

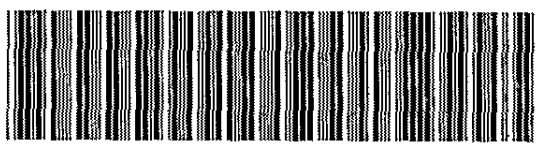
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500082632335

01/16/07--01011--007 **35.00

CA Rev Chg

FILED
2007 JAN 30 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 30 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2007

GERALD LEACH
JT FLORIDA ADVENTURES CORP
1843 BLUE GRASS
ROCHESTER HILLS, MI 48306

SUBJECT: JT FLORIDA ADVENTURES CORPORATION
Ref. Number: P06000007297

We have received your document for JT FLORIDA ADVENTURES 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered 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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 507A00004086

RECEIVED
07 JAN 30 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JT Florida Adventures Corporation
(Name of Corporation)

DOCUMENT NUMBER: P06000007297

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:

Gerald Leach
(Name of Contact Person)

JT Florida Adventures Corporation
(Firm/Company)

1843 Blue Grass
(Address)

Rochester Hills, MI 48306
(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Leach at (248) 652-7130
(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

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.

FILED

2007 JAN 30 PM 2: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1. The name of the corporation: JT Florida Adventures Corporation
- 2. The principal office address: 1843 Blue Grass, Rochester Hills, MI 48306
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1/17/2006 Document number: P06000007297
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

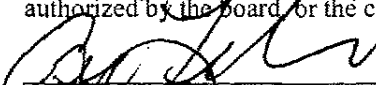
BUSINESS FILINGS INCORPPORATED
1203 GOVERNOR'S SQUARE BOULEVARD SUITE 107
TALLAHASSEE, FL 32301

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

~~JT Florida Adventures Corporation~~ GERALD LEACH
201 150th Avenue
(P.O. Box NOT acceptable)
Madeira Beach, FL 33708

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)

Gerald Leach, President

(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)

January 3, 2007

(Date)

If signing on behalf of an entity:

(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