PRESIDENT

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: JASON SCHARLACH

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 1510 ROCKWELL HEIGHTS DR DELAND, FL 32724

Entity Name: JX5 MEDICAL, INCORPORATED

Current Mailing Address:

DOCUMENT# P11000021342

1510 ROCKWELL HEIGHTS DR DELAND, FL 32724

FEI Number: 27-5398749

Name and Address of Current Registered Agent:

SCHARLACH, JASON B 1510 ROCKWELL HEIGHTS DR DELAND, FL 32724 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

Officer/Director Detail :

Title	P, S	Title	VP T
Name	SCHARLACH, JASON B	Name	SCHARLACH, JOELLE L
Address	1510 ROCKWELL HEIGHTS DR	Address	1510 ROCKWELL HEIGHTS DR
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT FILED Feb 19, 2019

Certificate of Status Desired: No

Secretary of State

0937181566CC

Date

Date

02/19/2019