| Current Mai   | iling Address:   |  |   |                        |
|---|--|--|---|------------------------|
| 9839 SW 18<br>PALMETTO  | 4 ST<br>BAY, FL 33157 US   |  |   |                        |
| FEI Number  | r: 46-1138995  |  | Certificate of Status De                      | esired: No             |
| Name and A  | Address of Current Registered Age  | ent:                                   |   |                        |
| JUAN, OMAR  |  |  |   |                        |
| 15854 SW 85 L<br>MIAMI, FL 331  |  |  |   |                        |
| MIAMI, FL 331   |  | anging its registered office or regis  | tered agent, or both, in the State of         | Florida.               |
| MIAMI, FL 331<br>The above name   | 93 US  | anging its registered office or regis  | tered agent, or both, in the State of         | Florida.<br>10/09/2020 |
| MIAMI, FL 331<br>The above name   | 93 US<br>d entity submits this statement for the purpose of ch   | nanging its registered office or regis | tered agent, or both, in the State of         |                        |
| MIAMI, FL 331<br>The above name<br>SIGNATURE  | 93 US<br>d entity submits this statement for the purpose of ch<br>E: OMAR JUAN<br>Electronic Signature of Registered Agent   | anging its registered office or regis  | tered agent, or both, in the State of         | 10/09/2020             |
| MIAMI, FL 331<br>The above name<br>SIGNATURE  | 93 US<br>d entity submits this statement for the purpose of ch<br>E: OMAR JUAN<br>Electronic Signature of Registered Agent   | nanging its registered office or regis | tered agent, or both, in the State of         | 10/09/2020             |
| MIAMI, FL 331<br>The above named<br>SIGNATURE<br>Officer/Dire                             | 93 US<br>d entity submits this statement for the purpose of ch<br>E: OMAR JUAN<br>Electronic Signature of Registered Agent<br>ctor Detail :  |  |   | 10/09/2020             |
| MIAMI, FL 331<br>The above named<br>SIGNATURE<br>Officer/Dire<br>Title                    | 93 US<br>d entity submits this statement for the purpose of ch<br>E: OMAR JUAN<br>Electronic Signature of Registered Agent<br>ctor Detail :<br>P                                   | Title                                  | VP  | 10/09/2020             |
| MIAMI, FL 331<br>The above named<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name            | 93 US<br>d entity submits this statement for the purpose of ch<br>E: OMAR JUAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P<br>JUAN, OMAR<br>15854 SW 85 LANE | Title<br>Name                          | VP<br>TEJADA JUAN, ASALIA<br>15854 SW 85 LANE | 10/09/2020             |
| MIAMI, FL 331<br>The above named<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address | 93 US<br>d entity submits this statement for the purpose of ch<br>E: OMAR JUAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P<br>JUAN, OMAR<br>15854 SW 85 LANE | Title<br>Name<br>Address               | VP<br>TEJADA JUAN, ASALIA<br>15854 SW 85 LANE | 10/09/2020             |

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: OMAR JUAN

PRESIDENT

10/09/2020

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000084969

Entity Name: SALLY J JEWELRY DESIGN INC.

## **Current Principal Place of Business:**

0000 614/ 404 67

FILED Oct 09, 2020 **Secretary of State** 4658281005CR

Date