7264 AMBER Boynton E	R FALLS LN BEACH, FL 33437			
FEI Number: 47-5582355		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
COHEN, DAVID 4171 W. HILLSI 8				
-	EEK, FL 33073 US			
The above named	I entity submits this statement for the purpose of changing its regis	tored office or regio	towed among an bath in the Otate of Ele	
	renity submits this statement for the purpose of changing its regis	liered onice of regis	tered agent, or both, in the State of Fic	orida.
SIGNATURE	: DAVID COHEN	lered onice of regis	tered agent, or both, in the State of Fic	04/10/2021
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	tered once of regis	tered agent, or both, in the State of Fic	
SIGNATURE	Electronic Signature of Registered Agent	tered onice of regis	tered agent, or both, in the State of Fic	04/10/2021
	Electronic Signature of Registered Agent	Title	VP	04/10/2021
Officer/Dire	DAVID COHEN     Electronic Signature of Registered Agent     ctor Detail :			04/10/2021
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	04/10/2021
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent Ctor Detail : P LAMPERT, ALLAN 7264 AMBER FALLS LN	Title Name	VP LAMPERT, GAYLE 7264 AMBER FALLS LN	04/10/2021
Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P LAMPERT, ALLAN 7264 AMBER FALLS LN	Title Name Address	VP LAMPERT, GAYLE 7264 AMBER FALLS LN	04/10/2021

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: ALLAN LAMPERT

PRESIDENT

04/10/2021

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000092395

Entity Name: JAG SUBS 5, INC

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

6169 S. JOG ROAD LAKE WORTH, FL 33467

## **Current Mailing Address:**

FILED Apr 10, 2021 Secretary of State 1060913339CC

Electronic Signature of Signing Officer/Director Detail