113 ISLAND W				
WEST PALM BI	EACH, FL 33413			
Current Mai	ling Address:			
P.O. BOX 54	1510			
	TH, FL 33434			
FEI Number: 65-0462051		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
COATES, HOW 505 S. FLAGLE				
SUITE 300 WEST PALM BI	EACH, FL 33401 US			
	,			
The above named	l entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flor	ida.
	entity submits this statement for the purpose of changing its : HOWARD K. COATES, JR.	registered office or regis	tered agent, or both, in the State of Flor	^{ida.} 01/28/2014
		registered office or regis	tered agent, or both, in the State of Flor	
	HOWARD K. COATES, JR. Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flor	01/28/2014
SIGNATURE	HOWARD K. COATES, JR. Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flor	01/28/2014
SIGNATURE	HOWARD K. COATES, JR. Electronic Signature of Registered Agent			01/28/2014
SIGNATURE Officer/Direc Title	HOWARD K. COATES, JR. Electronic Signature of Registered Agent	Title	ST	01/28/2014
SIGNATURE Officer/Direc Title Name Address	HOWARD K. COATES, JR. Electronic Signature of Registered Agent Ctor Detail : P NATALE, JOHN NJR	Title Name Address	ST NATALE, JANICE	01/28/2014 Date
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P NATALE, JOHN NJR 113 ISLAND WAY	Title Name Address	ST NATALE, JANICE 113 ISLAND WAY	01/28/2014 Date
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P NATALE, JOHN NJR 113 ISLAND WAY	Title Name Address	ST NATALE, JANICE 113 ISLAND WAY	01/28/2014 Date

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.

ST

DOCUMENT# P94000001901

Entity Name: JNJR, INC.

Current Principal Place of Business:

Electronic Signature of Signing Officer/Director Detail

FILED Jan 28, 2014 **Secretary of State** CC6697196323