

218024

Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
JELLI B. CORPORATION

RECEIVED  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jelli B. Corporation  
Name of Corporation

**DOCUMENT NUMBER:** 59-603490

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:

Michael Blumenthal  
Name of Contact Person

Jelli B Corp  
Firm/Company

21286 North County Road 349  
Address

O'Brien FL 32011  
City/State and Zip Code

Sgt Felix 6898@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Blumenthal at 386 776-2739  
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 FL \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Jelli B. Corporation
- 2. The principal office address: 21286 North County Road 349 OBrien FL 32071
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 12/10/1958 Document number: 218024
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Blumenthal, Michael  
21286 North County Road 349  
OBrien FL 32071


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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

C T Corporation System  
o/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

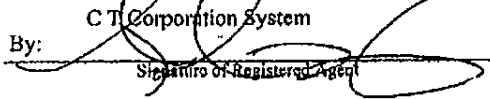
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
 Michael Blumenthal Secretary  
 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.

C T Corporation System  
 By:   
 \_\_\_\_\_  
 Signature of Registered Agent

\_\_\_\_\_  
 3 Feb 16  
 Date

If signing on behalf of an entity:  
Angel Nuñez  
Assistant Secretary  
 \_\_\_\_\_  
 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  
 CR2E045 (03/12)