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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: April 26, 2023

ORDER TIME : 9:01 AM

ORDER NO. : 705150-001

CUSTOMER NO: 8356151

CHANGE OF AGENT

NAME: JOHNS EASTERN COMPANY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FL or both, in the State of Florida.				
1. The name of t	he corporation: JOHNS EASTER	RN COMPANY, INC.				
2. The principal	office address: 6015 RESOURCE	E LANE LAKEWOOD RANCH, FL 34202				
3. The mailing a	ddress (if different): PO BOX	110259 LAKEWOOD RANCH, FL 34211-0004				
		Document number: 300298				
	I street address of the current regi timent of State: (If resigned, enter	stered agent and registered office on file with the resigned)				
	C T CORPORATION SYSTEM	1				
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL 33324 723 74 .				
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office				
	Corporation Service Company	<u>ن</u> ﷺ				
	1201 Hays Street	۱ د.				
		P.O. Box NOT acceptable				
	Tallahassee	FL 32301				
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent.				
Such change wa	is authorized by resolution duly ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.				
X_{k}	e 2 aonie	JILL CILMI, VICE PRESIDENT				
Stemator	e of an officer or director	Printed or typed name and title				
I further agree to of my duties, and document is bein corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this o n Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.				
sort		05/02/2023				
Sign	nature of Registered Agent\	Date				
If signing on bel	half of an entity:					
	BY, ASST, VICE PRESIDENT	_				
Ti	mad or Drintad Mama					

* * * FILING FEE: \$35.00 * * *