724903

(R	equestor's Name)							
(A	ddress)							
(A	ddress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
·	•	•						
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Change

02/25/09--01014--003 **35.00

2009 FEB 25 PM :5: 02 SECRETARY OF STATE ALLAHASSEF. FIORIO

D/24/09

COVER LETTER

Amendment Section Division of Corporations

TO:

Jamostowa Accodiation Inc							
SUBJECT: Jamestown Association, Inc. (Name of Corporation)							
DOCUMENT NUMBER: 724903							
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.						
Please return all correspondence concerning this matter to the	following:						
Tina Titley							
(Name of Contact Person)							
CMC Management, Inc. (Firm/Company	·)						
2950 Jog Road (Address)							
Greenacres, FL 33467							
(City/State and Zip C	Code)						
For further information concerning this matter, please call:							
Tina Titley at ((Name of Contact Person)	561 641-1016 Area Code & Daytime Telephone Number)						
Enclosed is a \$35.00 check made payable to the Department of							
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

statement of change	e is submitted fo	or a corporat	, 617.0502, 607. ion organized un or registered ag	der the law	s of the Sta	te of F/	orida	
1. The name of the			_	em, or bom	i, in the Sta	ie oj i ioriui	<i>l</i> .	
2. The principal off				a ve	rive,	West	Palm	Beach
FL	33401	<u> </u>						
3. The mailing addr	ess (if different): <u>2</u> 950 Jog	Road, Greenaci	es, FL 334	167			·····-
4. Date of incorpora	ation/qualificati	on: 11/30/19	072 D	ocument n	umber: 72	4903		
5. The name and str Florida Departme		he current reş	gistered agent an	d registered	office on f	file with the		
Co	omplete Prop	erty Mana	gement Co					
<u>33</u>	307 Northiak	e Blvd., S	uite 107					
<u>Pa</u>	alm Beach G	ardens, Fl	33403				~	
6. The name and str (if changed):	eet address of tl	he new regist	ered agent (if cha	anged) and	or register/	ed office AHA	1009 FEB 25 SECRETARY	<u> </u>
So	cott A. Stolo	ff, Dicker,	Krivok & Stol	off, P.A.		SSEI	RY S	
18	318 Australia		<u>- </u>			רול נייל	PM 5:	
	t. D . l D	(P.O. Box NO	•				7. O	
<u></u>	est Palm Be	each, FL 3	3409	 			ື ພ	
The street address of as changed will be	of its registered identical.	l office and the	he street address	of the bus	iness offic	e of its regi	stered ago	ent,
Such change was a authorized by the b	uthorized by re oard, or the co	solution duly	y adopted by its been notified in	board of d writing o	irectors or f the chang	by an office	er so	
_ 2/1	1_			ZEEV	BUR	6	PRESI	DENT
(Siggature of Inereby) accept the Nurther agree to co of my duties, and I document is being to corporation has be	appointment a comply with the ani familiar willied merely to be a familiar willied merely to be a familiar willied merely to be a familiar willied in w	or) s registered provisions o ih and accep reflect a cha vriting of this	agent and agree f all statutes rel t the obligation nge in the regist s change.		ed or typed nar			
· ///	M	-		0	2-19-	09		
(S) atu	re of Registered Age	ent)	-		(Date)			
If signing on behalf	f of an entity: A. D. Joff For Printed Name)	p.	- <u>-</u>					

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