

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations
Fax Number : (850)205-0380

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053

Phone : (305)672-0686. Fax Number : (305)672-9110

REGISTERED AGENT CHANGE

J.I.T. CONSOLIDATORS, INC.

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

Pursuant to the provisions of section 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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. Th	ne name of the corporation is: J.I.T. C	CONSOLIDATO	ORS, INC.			
	ne principal office address: 9300 NV					
	ne mailing address (if different):					
		·		· · · · · · · · · · · · · · · · · · ·		
4. Da	ate of incorporation/qualification:	9/5/2006	Document Number:	F06000005728		
5. Th	ne name and street address of the curr orida Department of State: EDDIE SCANLON	rent registered a	gent and registered office (on file with the		
	9300 N.W. 100 STREE	1				
6. Th (if	Medley FL 33178 te name and street address of the new changed): Corporate Creations Net	-	t (if changed) and /or regi	stered office		
	11380 Prosperity Farms Road #221E					
		Box Not acceptable)				
TOL -	Palm Beach Gardens FI					
agent	street address of its registered office, as changed will be identical.	on the same		•		
Such autho	change was authorized by resolutionized by the board, or the corporation	ion duly adopte n has been notifi	d by its board of director led in writing of the chang	rs or by an officer so e.		
-	(Signature of an officer or director)		James M. Price by N. Pasquier (Printed or Typed nar	ne and title)		
i furi perfo. agent	eby accept the appointment as regists ther agree to comply with the promance of my duties, and I am famile. Or, if this document is being filed by confirm that the corporation has be	ovisions of all . iar with and acc d merely to refle	statutes relative to the pre- ept the obligation of my pe- ect a change in the registe.	roper and complete osition as revistered		
	Many Greyo	<u> </u>	09/26/20	06		
.c -: -	(Signature of Registered Age t)		(Date)			
	ning on behalf of an entity:					
Maria	A Areiza, Assistant Secretarry (Typed or Printed Name)					
	Make checks p Mail to: Division of Co	PAYABLE TO FLO PRPORATIONS, P.	ORIDA DEPARTMENT OF S O. BOX 6327, TALLAHAS:	anne vev famous e		
941 F Vliam	orate Creations International Inc. Fourth Street ii Beach FL 33139 672-0686			FILED OF SEP 26 PM 3: 34 APPRETARY OF STATE APPRETARY OF STATE APPRETARY OF STATE APPRETARY OF STATE		
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