

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000075122 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

C-ail	Address:			
emall	Address:			

## REGISTERED AGENT CHANGE JEDER VALUATION CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

문 원 원 Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this urge is submitted for a corporation organized under the laws of the State of New York
<del></del> -	or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Jeder Valuation Consultants. Inc.
	office address: 244 Fifth Ave Suite 2007
New York N	
3. The mailing a	address (if different): 244 Fifth Ave Suite 2007 New York City NY 10001
4. Date of incor	poration/qualification: 07/15/11 Document number: F11000002895
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	INCORP SERVICES, INC.
	INCORP SERVICES, INC.  3458 LAKESHORE DRIVE  TALLAHASSEE, EL 32312
	TALLAHASSEE, FL 32312
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Registered Agents Inc
	7901 4th St N STE 300
	P.O. Box NOT acceptable St. Petersburg FL 33702
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	Lua Feder Joshua Feder - Title C Printed or typed name and title
l further agree : of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance id I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Jan Bara	02/27/2023
Sig	mature of Registered Agent Date
If signing on be	chalf of an entity:
David Robe	
1	yped 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 (04/13)