Division of Corporations 1/17/2018 orida Department of State

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.

(((H180000209793)))



To:				
	Division of Cor Fax Number	: (850)617-6386	9	
From:	Account Name	: REGISTERED AC	CENTS INC	San Plant
	Account Number	: 120090000081		
	Phone Fax Number	: (307)200-2803 : (855)330-1016	3 9	58
		TOFO ACENT		JAN
	REGISTE	ERED AGENT	CHANGE	JAN DAY
	REGISTE JOB E	ERED AGENT	CHANGE S, INC.	JAN RYA-CH
	REGISTE JOB E	ERED AGENT	CHANGE	JAN JAN
	REGISTE JOB E	ERED AGENT	CHANGE 6, INC.	JAN JAN
	REGISTE JOB E Certificate of Stat Certified Copy	ERED AGENT LECTRONICS us	CHANGE S, INC.	JAN WY

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

statement of cha	ange is submitted for a corpore	92, 617.0502, 607.1508, or 617.1508, Floride ation organized under the laws of the State of se or registered agent, or both, in the State of	CA		
1. The name of	the corporation: JOB ELECTR	ONICS, INC.			
2. The principal	office address: 16501 VENTUR	A BLVD, STE 510			
ENCINO, CA	91436				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 11/14/20	Document number: F16000	005112		
5. The name and Florida Depar	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file vinter resigned)	with the		
	NRAI SERVICES, INC.				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324				
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office				
	Northwest Registered	Agent, LLC.	9 9		
	3030 N. Rocky Point Dr.	STE 150A	26		
	- 	P.O. Box NOT acceptable	• • • • • • • • • • • • • • • • • • •		
	Tampa FL 33607		_		
The street addre	ess of its registered office and be identical.	the street address of the business office of i	ts registered agent,		
Such change wa authorized by th	is authorized by resolution du se board of the corporation ha	ly adopted by its board of directors or by an as been notified in writing of the change.	officer so		
Signatur	To of All Officer or director	Bottina Rog	Treasurer		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm i	the appointment as registered o comply with the provisions my duties, and I am familiar vs document is being filed mer that the corporation has been	l agent and agree to act in this capacity of all statutes relative to the proper and con with and accept the obligation of my position ely to reflect a change in the registered offinatified in writing of this change.	nplete n as registered ce address, l		
lon	Glove	1/3/2018			
Sign	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Tom Glover		•			
Ty	ped or Printed Name				

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