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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 459346 5011495

AUTHORIZATION COST LIMIT : \$35.00

ORDER DATE : May 6, 2024

ORDER TIME : 12:36 PM

ORDER NO. : 459346-006

CUSTOMER NO: 5011495

CHANGE OF AGENT

NAME: JOURNAL TECHNOLOGIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0302, 617.030 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of \underline{ullet}	л	
1. The name of t	he corporation: JOURNAL TECHNOLO	GIES, INC.		
2. The principal	office address:			
	ddress (if different): 915 E. 1st Street Lo	os Angeles, CA 90012		
	poration/qualification: 03/20/2018		01351	
5. The name and	I street address of the current registered a tment of State: (If resigned, enter resign	igent and registered office on file wit		
	NRAI SERVICES, INC.		202 SE	
	1200 SOUTH PINE ISLAND ROAD		2024 HAV 17 SECKEL	
	PLANTATION, FL 33324		: -	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered offi	e :: 10: 05	
	Corporation Service Company		1.11 CV	
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the street be identical.	address of the business office of its	registered agent.	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	f by its board of directors or by an cutified in writing of the change.	officer so	
/S/ TU TO		TU TO- CFO		
Signatur	e of an officer or director	Printed or typed name and title		
I further agree to of my duties, and document is being corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change n Service Company	utes relative to the proper and comp igation of my position as registered e registered office address, I hereby	agent. Or. if this	
By: Sign	aco CKOO	05/14/2024		
If signing on bel	half of an entity:			
	PY, ASST. VICE PRESIDENT ped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (04/13)