| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



700416566647

RA & RO Change

2023 OCT 12 AM II: 43
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY 8 0CT 13 2023



115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:10 | /12/2023 | |
|-----------------|---------------------------|---------------------------|
| Name: | | |
| Reference #: | 2123520 | |
| | | JRANT EQUIPMENT, INC |
| Articles o | f Incorporation/Authoriza | tion to Transact Business |
| Amendm | ent | |
| ✓ Change of | of Agent | |
| Reinstate | ment | |
| Conversion | on | |
| Merger | | |
| ☐ Dissolutio | n/Withdrawal | |
| ☐ Fictitious | Name | |
| Other | | |
| | | |
| Authorized Amo | unt: \$35.00 | |
| (Signature: | suliana Prestia | |

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

| 1. The name of | the corporation: J. | E.S. RESTAURANT EQUI | PMENT, INC. |
|-----------------------------------|--|--|--------------------------------------|
| 2. The principa | l office address: No Chan | nge | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | rporation/qualification: Feb | pruary 26, 2019 Document number: | F19000001020 |
| | d street address of the current fraction of State: (If resigned | nt registered agent and registered office on l. enter resigned) | file with the |
| | Corporat | tion Service Company | |
| | 12 | 201 Hays Street | |
| | Tallahas | ssee, FL 32301-2525 | |
| 6. The name an (if changed): | | registered agent (if changed) and /or registe | red office |
| | 115 North Calh | noun St., Suite 4 P.O. Box NOT acceptable L 32301 | 22.0 |
| The street addr as changed wil | ress of its registered office a I be identical. | and the street address of the business offic | e of its registered agent |
| Such change wauthorized by t | ras authorized by resolution he board, or the corporation | duly adopted by its board of directors or has been notified in writing of the chang | by an officer so e. |
| /s/ David Ge | ershman ure of an officer or director | David Gershman | Secretary and title |
| l further agrée performance of | to comply with the provision from the provision of the complex and I am familiant to the complex and I am fa | ered agent and agree to act in this capacity ons of all statutes relative to the proper and ar with and accept the obligation of my paperely to reflect a change in the registered een notified in writing of this change. | id complete osition as revistered |
| | ville | 09/25/2023 | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name