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(((H22000215923 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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## REGISTERED AGENT CHANGE JACQUES MORET, INC.

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A. RAMSEY

JUN 2 3 2022

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

JACQUES MORET, INC. SUBJECT: Name of Corporation F21000002860 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or i	organized	under the la	ws of the State of	Florida	
	the corporation: JACQUES MC	•	_	•		
2. The principal	office address: 1411 BROADW	AY 8TH	FLOOR N	EW YORK, N	IY 10018	
3. The mailing a	address (if different):		<u>-</u>			
4. Date of incor	poration/qualification: 5/25/202	1	_ Document	number: F210	00002860	
	d street address of the current regist rtment of State: (If resigned, enter n		and register	ed office on file v	00002860  with the 22 PMZ 59  office	
	BLUMBERGEXCELSIOR C	ORPOR	RATE SEF	RVICES INC		<u></u>
	155 OFFICE PLAZA DRIVE		1ST	FL		つ
	TALLAHASSEE		FL	32301		_
(if changed):	Registered Agent Solution 155 Office Plaza Dr.	utions,	,	9	_ <del>_</del>	
		P.O. Box NOT	<del></del>		<del></del>	
	Tallahassee	FL	3230	1		
The street addr	ess of its registered office and the :	street addr	ess of the b	usiness office of	its registered agent,	
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	lopted by en notified	its board of d in writing	directors or by a of the change.	n officer so	
/s/ Alan	Shweky		n Shwek	_	Manager	
I hereby accept I further agree of my duties, at document is be	the appointment as registered age to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	ll statutes in obligation of the colling in the regular personal colling in the c	ree to act in relative to ti on of my po	he proper and co sition as register ce address, I her	omplete performance red agent. Or, if this	
	gnature of Registered Agent	_		Date		
If signing on be	ehalf of an entity:					
Mackenzie Hart	, Assistant Secretary					
	Typed or Printed Name					
	* * * FILIN	G 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)