## sion of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

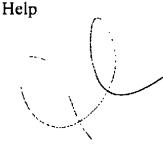
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

17	Addrace			
-maıı	MANAGE			

## REGISTERED AGENT CHANGE J.D.G. MANAGEMENT CAPITAL HOLDINGS, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		102, 607.1508, or 617.1508, Florida Statutes, thi united under the laws of the State of MISSO	
be order to change	क क्षित्र रस्कुरंशकाच्ये व्यक्तिक वर रस्युकं	nered agent, or bath, in the State of Floride.	
1. The name of the corpor	xtion: J.D.G. MANAGE	EMENT CAPITAL HOLDINGS, IN	IC.
-		'ENUE, SUITE 140, TOPEKA, KS.86603	
		.,,	
3. The mailing address (if	• -		
4. Date of incorporation/q	palification: 2/23/2023	Document member: F2300000113	Ю
	dress of the surrent registered States (If resigned, enter resign	agent and registered office on file with the ned)	
LEGAL	INC CORPORATE SERV	ICES INC.	
476 RIV	/ERSIDE AVE		
JACKS	ONVILLE, FL 32202		
6. The name and street add (if changed):	dress of the new registered ag	ent (if changed) and /or registered office	
Cepitol	Corporate Services, Inc.		
515 Eas	st Park Avenue 2nd Fl		
<u> </u>		ex NOT acceptable	
Tallaha	ssee, FL 32301		
The street address of its ras charged will be idented	egistered office and the stree	et address of the business office of its registered	l agent,
		ed by its board of directors or by an officer so sufficed in writing of the change.	
Jerry T	. Guess	President Jerry D. Guess	
	-		
I kerezy accept the apply I further agree to could by of my diatics, and I am for document is being filed m corporation has been not	intrient as registered agent a white the provisions of full sta milier with and accept the ob- servity to reflect a change in t gled in writing of this chang.	nd agree to act in this capacity, tisted relative to the proper and complete perfi- lication of my position as registered agent. O his registered office address, I hereby confirm s.	rmones that the
Bin Porch	Mei'	7/28/2023	
Separature of Rec	justed Agest	Date	
If signing on behalf of an	colity:		
Brian Radecki, Assista	-	Capitol Corporate Services, Inc.	
	• • • FILING F	EE: \$35.00 * * *	
MAIL TO: D		ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSER, FL 32314	
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