H91899

Jay D. Ellenby, M.D.
2845 Aventura Blod.
Str. 114
Aventura, FL 33180-3111

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FILED

OI APR -2 PM 4: 02

SECRETARY OF STATE
TALL A HASSEF. FINE

or 4/2/01

Change Change

8. PAYNE APR 1 6 2018

Florida Department of State, Sandra B. Mortham, & ecretary of State

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

undersigned corporation organized us submits the following statement in or State of Florida.	rder to change its reg	ristered office or reg	-	in the
State of Florida. 1. The name of the corporation is:	JDE .	E MIAMI,	INC.	
2. The mailing address of the corpora	tion is: 2845	AVSWIVER BL	UD, SUITE 114	
	AVENTUR	A, FL 33180		
2. The mailing address of the corpora 3. Date of incorporation/qualification 4. The name and address of the curre	nt registered agent an	d omce:		<u>. </u>
MZ REGIS	NO THOUGH LESSET.	ı.,	 d	
100 58 21	1 Street 28 C	3 FLOOR	ALC:	
MIAMIF	TEREN AGENT COM STREET 28 [PR PR	الد
5. The name and address of the new i		office: (P.O. B ox No	[1]	
9655 N	JEST BROWARD	BOJLEVARD	O2	Ē
	10N, FZ 3331			
The street address of its registered of agent, as changed, will be identical.				
Such change was authorized by resolution authorized by the board. (X) Signature of an officer, chairman or vice chairman or	by MD	its board of director	13/28/01	_
JAY 1	> ELLENBY , P	herident	•	
	(Printed or typed name	e and title)	_	
Having been named as registered ag I hereby accept the appointment as r comply with the provisions of all stat and I am familiar with and accept th	ent and to accept server egistered agent and a utes relative to the pr e obligation of my po	rice of process for the gree to act in this co oper and complete p sition as registered;	ne above stated corpora apacity. I further agree berformance of my dutie agent.	tion, to es,
X) Mud Jene		3/2	6/01	
(Signature of Registered Agent)		(Date)		
If signing on behalf of an entity:				
(Typed or Printed Name)		(Ca	pacity)	
			FIT ING FEE: \$35.00	J