## 132615

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boddinent Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
FEB 2 4 2022				

Office Use Only



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02/15/22--01011--018 \*\*35.00



## **COVER LETTER**

TO:

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: JOANNA'S MARKETPLACE	
Name	of Corporation	
DOC	UMENT NUMBER: L32615	
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
JOHN	LEDERMAN, PRES	
Name	of Contact Person	<del></del>
JOAN	NA'S MARKETPLACE	
Firm/	Company	
8247 5	SOUTH DIXIE HWY	
Addre	ess	
MIAN	4I FL 33143	
City/S	State and Zip Code	<del></del>
	JOHN@JOANNASMARKET	ΓPLACE.COM
E-ma	il address: (to be used for future annual	report notification)
For fu	urther information concerning this matter, p	please call:
JOHN	LEDERMAN	at (305 )661-5777
	Name of Contact Person	at (305 ) 661-5777  Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA
		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: JOANNA'S MAR	RKETPLACE
		LIE HWY MIAMI FL 33143
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/27/1989	Document number: L32615
5. The name and		istered agent and registered office on file with the
	SILVERMAN, STEVEN- RESIG	NED 78 20
	9655 SOUTH DIXIE HIGHWAY	7#310 ECRET
	MIAMI, FL 33156 US	ASSET INVITABLE
6. The name and (if changed):		ered agent (if changed) and /or registered office
	JOHN LEDERMAN	·· N
P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,
Such change w authorized by	as authorized by resolution duly he board, of the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
$\langle M \rangle$		MICHAEL V LEDERMAN, VP
Signati	re of an officer or director	Printed or typed name and title
I further nurée	to comply with the provisions of	igent and agree to act in this capacity. I all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this I see in the registered office address, I hereby confirm that the I change.
x I/l		FEBRUARY 9, 2022
Sig	mature of Registered Agent	Date
If signing on be	chalf of an entity:	
JOHN LEDERM	IAN, PRES	
	yped or Printed Name	_

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

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