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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/119

Re: JUPITER IMAGING ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the la	aws of the State of FL	
1. The name of t	he corporation: JUPITER IMAGING AS	SOCIATES, INC		
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/16/1990	Document	t number:	
	street address of the current registered at timent of State: (If resigned, enter resign		red office on file with the	
	MARCUS JILLIAN			
	7700 WEST SUNRISE BLVD			
	Plantation	FL	33322	
6. The name and (if changed):	street address of the new registered age	ent (if changed) ar	nd /or registered office	
	Corporation Service Company			
	1201 Hays Street			Ť
		Γ acceptable		
	Tallahassee	FL		17
The street addre	ss of its registered office and the street be identical.	address of the bu	usiness office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	l by its board of o	directors or by an officer so of the change.	
_ Xel		Jill Cilmi, Vice I		
/ ) ·	e of an officer or director		ted or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and a s document is being filed merely to refl that the corporation has been notified i n Service Company	utes relative to th	he proper and complete tion of my position as registered	
<u>Dy.</u> 0 00	see Cotoble	05/24/2017		
If signing on bel	ature of Registered Agent  nalf of an entity:		Dat <b>e</b>	
	Asst. Vice President			
	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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