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Division of Corporations

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Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone

: (904)356-2600

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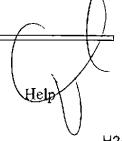
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REGISTERED AGENT CHANGE JAGA CHARITABLE TRUST, INC.

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

statement of change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the corporation: JAGA Charitable Tr	·
2. The principal office address: 130 Corridor Rd; Uni	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/27/2014	Document number: N14000000985
5. The name and street address of the current registe Florida Department of State: (If resigned, enter re	red agent and registered office on file with the
POOLE, H. PRICE, JR.	
303 CENTRE STREET, SUITE 200	2024
FERNANDINA BEACH, FL 32034	
 The name and street address of the new registered (if changed): 	agent (if changed) and /or registered office
FT Corporate Services	
501 Riverside Avenue, Suite 700	2
P	O. Box NOT acceptable
Jacksonville, Florida 32202	
The street address of its registered office and the strass changed will be identical.	reet address of the business office of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.
Konald) Smith	Ronald J Smith; Treasurer
Bushinghamus of an officer or director	Printed or typed name and title
hereby accept the appointment as registered agen further agree to comply with the provisions of all if my duties, and I am familiar with and accept the locument is being filed merely to reflect a change is corporation has been notified in writing of this char	t and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
TraciVenable	8/20/2024
Signature of Registered Agent	Date
f signing on behalf of an entity:	
Fraci Venable	
Typed or Printed Name	
	FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO I MAIL TO: DIVISION OF CORPORATIONS	Florida Department of State 5, P.O. Box 6327, Tallahassee, FL 32314