

N1900000 3841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

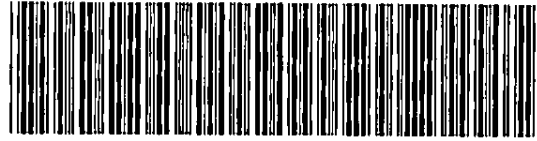
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800334209878

09/18/19--01025--024 --435.00

FILED
19 SEP 16 PM 1:28
STATE OF FLORIDA
TALLAHASSEE

RECORDED
100 100

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JEXIT, INC.
2. The principal office address: 620 Palm Blvd
Weston, FL 33326
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/29/19 Document number: N19000003841

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (if resigned, enter resigned)

Scott Newmark
1001 SE 6th Ct
Ft. Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Michelle Terris
620 Palm Blvd
P.O. Box NOT acceptable
Weston, FL 33326

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Michelle Terris
Signature of an officer or director

Michelle Terris President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.

Michelle Terris
Signature of Registered Agent

9/11/19
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

FILED
19 SEP 16 PM 1:28
DIVISION OF STATE
TALLAHASSEE, FLORIDA