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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From: **Carrie Ramos FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
J D MGMNT CO., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 28 2021

S. PRATHER

**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: J D Mgmt Co., Inc.
2. The principal office address: 51 S. 3rd St. Jacksonville Beach, FL 32250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-15-2000 Document number: P00000115031
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)

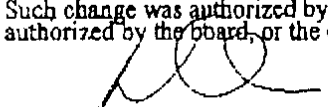
Jacques Guske51 S. 3rd StreetJacksonville Beach, FL 32250

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

Adam Guske51 S. 3rd StreetP.O. Box NOT acceptableJacksonville Beach, FL 32250

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.



 Signature of an officer or director

Jacques Guske - 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.



 Signature of Registered Agent

12/22/2021

 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
 CR2E045 (04/13)

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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