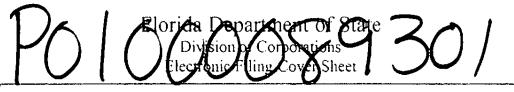
11/7/22, 10:54 AM

Division of Corporations



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From:

Account Name : COURTACCESS CENTERS, LLC

Account Number : 075350000541 Phone : (813)875-1333

Fax Number : (813)200-1050

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

Email Address: cjohnc2@nycap.rr.com

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## REGISTERED AGENT CHANGE CNJ ENTERPRISES, 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	s 607.0502, 617.0502, 607.1508, or 617.1508, Fl a corporation organized under the laws of the Sta ered office or registered agent, or both, in the Sta	ate of Florida
	CKT ENPIED DD I CHO INC	нс 19 1 кл цц.
The name of the corporation:      The principal office address:	69 WESTERLO STREET	
z. The principal office address	ALBANY, NY 12202-2019	
3. The mailing address (if different):		
4. Date of incorporation/qualification	n:09/11/2001 Document number:	P01000089301
5. The name and street address of the Florida Department of State: (If rea	e current registered agent and registered office on signed, enter resigned)	file with the
COURTA	ACCESS CENTERS OF AMERICA, INC.	
13	3046 Race Track Road Suite 131	
	Tampa, FL 33626	
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registe	2022 LiOu - Jo- 8174 4: 4
C	COURTACCESS CENTERS LLC	——————————————————————————————————————
13	3046 Race Track Road Suite 131	
	P.O. Box NOT acceptable Tampa, FL 33626	
The street address of its registered cas changed will be identical.	office and the street address of the business office	ce of its registered ago
Such change was authorized by reso authorized by the board, or the corp	plution duly adopted by its board of directors or or or the change of th	by an officer so ge.
Christopher N. John	Sow Christopher N. Johnson, Pre	
Signamencos pus officials or director	Printed of typed not registered agent and agree to act in this capaci rovisions of all statutes relative to the proper at and accept the obligation of my position as reg effect a change in the registered office address,	
John A. Gurba	<i>Jr.</i> 11/7/2022	
ing Administration where the	Date	
If signing on behalf of an entity:		
John A. Gurba Jr.		
Typed or Printed Name	* * * FILING FEE: \$35.00 * * *	