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2023-09-20 17:45:59 GMT

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From: John Gurba

P01 000089301

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6330

From: Account Name : COURACCESS CENTERS,LLC
Account Number : 075350000541
Phone : (813)875-1333
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cjohns2@nycap.rr.com

REGISTERED AGENT CHANGE
CNJ ENTERPRISES, INC.

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

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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: CNJ ENTERPRISES, INC
2. The principal office address: 69 WESTERLO STREET ALBANY, NY 12202-2019
3. The mailing address (if different):
4. Date of incorporation qualification: 09/11/2001 Document number: P01000089301

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)
COURTACCESS CENTERS LLC
13646 RACE TRACK RD STE 131
TAMPA, FL 33626

6. The name and street address of the new registered agent (if changed) and for registered office (if changed).
COURTACCESS CENTERS LLC
9241 BRINDLEWOOD DR
P.O. Box NOT acceptable
ODESSA, FL 33556

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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.

DocuSigned by: Christopher N. Johnson
Signature of an authorized officer CHRISTOPHER N JOHNSON, 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.

DocuSigned by: John A Gurba Jr
Signature of Registered Agent 9/20/2023
Date

If signing on behalf of an entity:
JOHN A GURBA JR
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