## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

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## REGISTERED AGENT CHANGE JAMESTOWN HOLDINGS CORP.

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 0       |  |
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| Estimated Charge      | \$35.00 |  |

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## COVER LETTER,

TO:

Amendment Section Division of Corporations

| SUBJECT: JAMESTOWN HO                             | OLDINGS CORP.  |
|---|--|
| Name of Corporation                               |  |
| DOCUMENT NUMBER: P0200012                         | 26238  |
| The enclosed Statement of Change of Registered    | d Office/Agent and fee are submitted for filing.         |
| Please return all correspondence concerning this  | matter to the following:                                 |
| Mary Castillo                                     |  |
| Name of Contact Person                            |  |
| Registered Agent Solutions, Inc.                  |  |
| Firm/Company                                      |  |
| 1701 Directors Blvd. Suite 300                    |  |
| Address   | 10.4.2.  |
| Austin, Texas 78744                               |  |
| City/State and Zip Code                           |  |
|   |  |
| E-mail address: (to be used for future annua      | I report notification)                                   |
| For further information concerning this matter, p | please call:   |
| Mary Castillo                                     | at ( 888 ) 705-7274                                      |
| Name of Contact Person                            | at (888 ) 705-7274  Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the   | Department of State.                                     |
| Mailing Address:                                  | Street Address:  |
| Amendment Section Division of Corporations        | Amendment Section Division of Corporations               |
| P.O. Box 6327                                     | The Centre of Tallahassee                                |
| Tallahassee, FL 32314                             | 2415 N. Monroe Street, Suite 810                         |
|   | Tallahassee, FL 32303                                    |

CR2E045 (04/13)

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

| statement of cha  | provisions of sections 607.0502,<br>nge is submitted for a corporation  | on organized                             | t under the las    | vs of the State o  | of Florida  |        |
|---|---|--|--------------------|--|---|--------|
|   | r to change its registered office o   | •  | ~                  |  | of Florida.   |        |
|   | he corporation: JAMESTOV  |  |                    | <u> </u>   |   |        |
|   | office address: 2739 US HIC<br>, FL 34691   |  |                    |  |   |        |
|   | ·   |  |                    |  |   |        |
|   | ddress (if different):<br>poration/qualification: 11/27/2   | 2002                                     | Document           | P020   | 000126238   | -      |
| 5. The name and   | I street address of the current reg<br>tment of State: (If resigned, ente   | istered agen                             |                    |  |   | -      |
| •   | COGENCY GLOBA   | •  |                    |  |   |        |
|   | 115 NORTH CALHOUN   |  | SUIT               | E 4  |   |        |
|   | TALLAHASSEE,  |  | FL                 | 32301  |   | 当一     |
| 6. The name and (if changed):   | street address of the new registered Agent Sc   | •  |                    | d/or registered  | office Signature  | FILED  |
|   | 155 Office Plaza Dr.  |  | Suite A            |  | ري سر<br>ان ا<br>ان ان ا | 9      |
|   | Tallahassee   | P,O, Box NO<br>FL                        | T acceptable 32301 | 1  |   |        |
| The street addre  | ess of its registered office and the identical.   | e street add                             | lress of the bu    | siness office o  | f its registered agent,                                   |        |
| Such change wa<br>authorized by th  | is authorized by resolution duly<br>board, or the corporation has   | adopted by<br>been notific               | its board of c     | lirectors or by sof the change.  | an officer so   |        |
| 1st John Pa   | PUCA<br>re of an officer or director  | Jo                                       | hn Porreca         |  | President   |        |
| I hereby accept<br>I further agree t<br>of my duties, an<br>document is bei | the appointment as registered a<br>to comply with the provisions of<br>d I am familiar with and accept<br>ng filed merely to reflect a char<br>been notified in writing of this | all statutes<br>the obligative in the re | gree to act in     | ed or typed fame an<br>this capacity.<br>e proper and c<br>ition as registe<br>e address, I he |   | ;<br>; |
| Hode  | made of Registered Agent  | 1  | 11/16/2021         | Date   |   |        |
|   | half of an entity:  |  |                    | Date   |   |        |
|   | Assistant Secretary   |  |                    |  |   |        |
| <del></del>   | yped or Printed Name  | <del></del>                              |                    |  |   |        |
|   | *** FIL   | ING FEE:                                 | \$35.00 * * *      |  |   |        |