P04000000734

(Re	questor's Name)	
1900 NW (EAST BUIL	IAN & ASSOC ID COUNSELORS CORPORATE BLV DING - SUITE 20 ON, FLORIDA 334	AT LAW D. OE
(City	//State/Zip/Phone	· #)
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Ps 3/25/04

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

Pursuant to the provisions of		·		s, this statement of
change is submitted for a cor	-			in order
to change its registered office	e or registered agent, or b	oth, in the State of Flor	ida.	
1. The name of the corporation	on: THE JEWELI	RY SOURCE, IN	K	
2. The principal office addres	is: 5357 B <i>ode6</i>	A PLACE, DELRI	AY BEACH, FL	33484
3. The mailing address (if diff	ferent):			
4. Date of incorporation/qual:	ification: <u>JAN 8, 200</u>	24 _ Document num	ıber: <u>P04000</u>	06734
The name and street address Florida Department of Stat		d agent and registered of	ffice on file with the	
	BENJAMIN	GUTMAN		A
	5357 Bo	DEGA PLACE		04,1
	DELRAY	BEACH, FL 33A	84	OU MAR 24 LLAHASSEL
6. The name and street addres (if changed):	ss of the new registered ag	gent (if changed) and /or	r registered office	7 3 m
	WALTER H.	MESSICK, P.A	,	3: 56 STATE
	1900 CORP	PORATE BLVD. ST	E 200 EAST	
		al mailbox NOT acceptable)		
		W, FL 33431		_
The street address of its regi changed will be identical.	istered office and the stre	et address of the busin	ess office of its regi	stered agent, as
Such change was authorized the board, or the corporation	l by resolution duly adop a has been notified in wri	ted by its board of directing of the change.	ectors or by an office	er so authorized by
Signature of an or	Hicer of (prector)	BEN	JAMIN GUTM. (Printed or typed name ar	
I hereby accept the appoints I further agree to comply wi duties, and I am familiar wi being filed merely to reflect been notified in writing of th	ment as registered agent ith the provisions of all si th and accept the obligat a change in the registere	and agree to act in thi tatutes relative to the p tion of my position as r ed office address, I her	• • •	•
Watten & Mass (Signature of Res	ink		2/17/04	
(Signature of Reg	gistered Agent)		(Date)	
If signing on behalf of an en	ıtity:			
WALTER H. MESS		<i></i>	RESIDENT	
(Typed or Print	ted Name)		(Capacity)	

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