P04000092311

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to		
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JAN 13 2021 LALBRITTON

COVER LETTER

TO:

	Amendment Section Division of Corporations	
SUBJE	CT: Jewels By Joy, Inc.	
Name of	f Corporation	
DOCUM	MENT NUMBER:	
The enc	losed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the following:
Hedva N	A. Feder	
	f Contact Person By Joy, Inc.	
Firm/Co 8221 Gla	ompany ades Road	
Address Boca Ra	i iton, Fl. 33434	
City/Sta	ite and Zip Code jewelsbyjoy@gmail.com	
E-mail	address: (to be used for future annua	report notification)
For furtl	her information concerning this matter, [please call:
Hedva N		at (561) 866-3869 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	d 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 ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes Forganized under the laws of the State of <mark>Florida</mark> Fregistered agent, or both, in the State of Florida	
1. The name of	the corporation: Jewels By Joy, Inc.	,	
3. The mailing	address (if different):	IN 1000/002211	
4. Date of incor	poration/qualification:	Document number: P04000092311	
	d street address of the current regis artment of State: (If resigned, enter Joy Feder Hedva	stered agent and registered office on file with the resigned)	
	9903 S. Military Trail, Suite B		
	Boynton Beach, FL 33436		
6. The name an (if changed):	~	red agent (if changed) and /or registered office	70,000 30 W 8:20
	Hedva M. Feder		. သ
	8221 Glades Road		0
	Boca Raton, FL 33434	P.O. Box NOT acceptable	
The street addras changed wil	ress of its registered office and the I be identical.	street address of the business office of its regis	itered agent.
Such change wanthorized by	as authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	r so
Me	//	Hedva M. Feder, President	
<u>-</u>	ure of an officer or director	Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation he	t the appointment as registered as to comply with the provisions of nd I am familiar with and accept ving filed merely to reflect a chang is been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agen ge in the registered office address, I hereby conj change.	performanc t. Or if thi firm that the
Mu	n/m	11-24-2020	
	gnature of Registered Agent	Date	
	ehalf of an entity:		
Hedva M. Fede		_	
•	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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