2/3/2020

Division of Cerporations

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(((H200000380213)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 : (561)508-5033 Phone : (561)694-1639 Pax Number

*Ent	er the	e email l report	address mailin	for this gs. Enter	business only one	entity email	to be t	please.	**
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JM FAMILY ENTERPRISES, INC.

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H20000038021

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

1. The name of the co	rporation is: JM Famil	ly Enterprises, Ir	nc.		
	address: 100 Jim Mo				
Deerfield Beach F					
	s (if different): 100 Ji	m Moran Blvd.			
Deerfield Beach F					
4. Date of incorporation	on/qualification:	11/13/1984	Document Number:	P04043	3
5. The name and stree Florida Department	t address of the currer	nt registered ager	nt and registered office of	on file with th	ie
	ORPORATION SYSTEM				
1200	S. PINE ISLAND RO	DAD	· -		
6. The name and stree (if changed):	STATION FL 33324 t address of the new re	egistered agent (if changed) and /or regi	stered office	
Unit	ed Agent Group Inc.		<u>_</u>		
801	US Highway 1	x Not acceptable)			
Nort	h Palm Beach FL 334				
agent, as changed will	l be identical.		dress of the business of		
Such change was aut authorized by the boa	horized by resolution do not the corporation in	i duly adopted b has been notified	by its board of director I in writing of the chang	rs or by an o	officer sc
me		Jos	ceph Panholzer, Attorney-in- (Printed or Typed na	Fact	
Vhereby accept the ap I further agree to co performance of my du	omply with the provi ties, and I am familia tument is being filed n	sions of all sta rwith and accep nerely to reflect	ree to act in this capacit tutes relative to the pi t the obligation of my p a change in the registe	y. roper and co osition as reg	gistered
			02/03/2020 (Date		
· /· -	(egiatered Agent)		(LALE	,	
If signing on behalf of	an entity:				
Joseph Panholzer, Spe (Typed or Pn	nted Name)			Ž s	
MAIL	MAKE CHECKS PA TO: DIVISION OF CORI	yable to Flor porations, P.O	IDA DEPARTMENT OF S . BOX 6327, TALLAHAS	STATE SSEE, FL.323	FILED 0F48 -3 AM 8: 44
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