Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Email Address:\_

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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

## REGISTERED AGENT CHANGE JA EDWARDS OF AMERICA, INC.

Certificate of Status	0
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MAR 2 5 2022

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Corporate Filing Menu

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

statement of char	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: JA Edwards of Americ	ica, Inc.	
	office address: No Change		
3. The mailing a	ddress (if different): No Change		
4. Dateofincorpo	oration/qualification: 04/22/2011	Document number: P11000039326	
	street address of the current registers tment of State: (If resigned, enterresi	red agent and registered office on file with the igned)	
	Jordan Edwards		
	220 Weber Street		
	Orlando, FL 32803	2022	
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):		22	F
	C T Corporation System	D. Box NOT acceptable	7
	1200 South Pine Island Road		'
	P.O Plantation, Florida 33324	D. Box NOT acceptable	
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adop to board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.	
Cample rem		Christine Kelm, Attorney in Fact	
I hereby accept if further agree to of my duties, and document is being corporation has	a Lam jamiliar with and accept the ing filed merely to reflect a change in been notified in writing of this chan	Printed or typed name and title  I and agree to act in this capacity.  Istatutes relative to the proper and complete performance  obligation of my position as registered agent. Or, if this  in the registered office address, I hereby confirm that the  nge.	
C T Corporation	System (19)	03/21/2022	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Peter Trawinski,	Asst. Secretary		
Ту	ped or Printed Name		
		FEE: \$35.00 * * * FLORIDA DEPARTMENT OF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: