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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CARLTON FIELDS Account Number: 076077000355 : (813)223-7000 Fax Number : (813)229-4133

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Email Address:

REGISTERED AGENT CHANGE JMC SPECIALTY GROUP, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JMC Specialty Group, Inc. Name of Corporation	···
DOCUMENT NUMBER: P12000097178	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Karen Davila, General Counsel	
Name of Contact Person	
Jupiter Health, Inc.	
Firm/Company	
1210 S. Old Dixie Hwy	
Address	
Jupiter, FL 33458	
City/State and Zip Code	
karen.davila@;upitermed.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call	:
Karen Davila	at (561) 263-3720
Name of Contact Person	at (561) 263-3720 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (04/13)

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

1. The name of	of the corporation: JMC Specialty Group, Inc.	-ita- El 22459		
2. The princip	al office address: 1210 S. Old Dixie Hwy, Jup	ntoi, FC 33436		
3. The mailing	g address (if different):			
4. Date of inco	orporation/qualification: 11/26/2012	Document number: P12000097178		
	and street address of the current registered ago partment of State: (If resigned, enter resigned			
	Steven Sceley			
	1210 S. Old Dixie Hwy			
	Jupiter, FL 33458		1/2	
6. The name a (if changed)	nd street address of the new registered agent	(if changed) and /or registered office	20 HAR -	Ti
	NRAI Services, Inc.	· ·	ù,	••••
	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·	AH IO:	آآ ، ا—:
	P.O. Box	NOT acceptable	<u> </u>	<i>ر</i> _:
	Plantation, FL. 33324		27	
The street add	ress of its registered office and the street a	ddress of the business office of its registere	ed agent,	
Such change v authorized by	was authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.		
Di	ntire of an orlicer or grecipe	Steven Sectey Preside	int_	
I hereby accept further agree of my duties, a document is become the corporation here.	nate of stronger as greeign of the appointment as registered agent and e to comply with the provisions of all statut and I ani familiar with and accept the oblig eing filed merely to reflect a change in the as been notified in writing of this change. vices, Inc.	· ·		
. 2	ilia - Paul	March 04, 2020		
by Meles	ignature of Registered Agent	Date		
w Novex	•			
\$	pehalf of an entity:			