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(((H20000404633 3)))



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Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number :

: (608)827-5501

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

Email Address: awtgl@yahoo.com

2020 NOV 24 AH SO I

REGISTERED AGENT CHANGE JIIR PARTNERS INC.

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

statement of c	hange is submiπed for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	of the corporation; JHR Partners Inc.		
2. The princip	oal office address: 11 N Dollins Ave, Or	lando, Florida 32805	- -
3. The mailing	g address (if different): 396 E Church St	, Suite C, King of Prussia, PA 19406	-
4. Date of inco	orporation/qualification: 12/11/2014	Document number: P14000099395	-
	and street address of the current registed partment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	BUSINESS FILINGS INCORPOR	ATED	
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name ar (if changed)		l agent (if changed) and /or registered office	
	Alan Remer		
	11 N Dollins Ave	2020 NOV 24 SECOND TO A COMPANY SECOND TO A CO	7
		NOT acceptable	,
	Orlando, Florida 32805		ĺ
=		opted by its board of directors or by an officer so	C
		Alan Romer, President	
	ture of an officer or durertor	Printed or typed name and title	
Thereby accept further agree performance o ngent. Or, if the vereby confirm	or the appointment as registered agent to comply with the provisions of all of my duties, and I am familiar with a his document is being filed merely to a that the corporation has been north	nt and agree to act in this capacity. stanues relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I led in writing of this change.	
ne Permane	22 Premi	11/23/2020	
	guantre of Registered Agent Alan Remer	Date	
t eigning on p	ehalf of an entity:		
·	Typed or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314