Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (350)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

REGISTERED AGENT CHANGE JASON HIRSCH CONSULTING INC.

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DENNIS

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

statement of cha	provisions of sections 607,0502, 617,050, nge is submitted for a corporation organi	zed under the laws of the State of Flor	ida
	r to change its registered office or registe		da.
1. The name of t	he corporation: JASON HIRSCH CONSU	LTING INC.	
2. The principal	office address: 9634 Eden Grove Ct.		
Boynton Beach,	FL 33473		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/24/2014	Document number: P1400010201	1
	f street address of the current registered at tment of State: (If resigned, enter resigned		
	JASON HIRSCH		1232 1480 1480
	11615 SW 110TH RD		HEC I
	MIAMI, FL 33176		27 (8)
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered office	2024 DEC 18 AM 10: 16 SECRETARY OF STATE SECRETARY OF STATE
	Corporate Creations Network Inc		
	801 US Highway 1		
	P O, Box	NOT acceptable	
	North Palm Beach, FL 33408	·	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its reg	gistered agent.
Such change was authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an offi itied in writing of the change.	cer so
street	la Tavarez	Estrella Tavarez, Attorney-in-Fact	
•	re of an officer or director	Printed or typed name and title	
document is bet	the appointment as registered ligent and to comply with the provisions of all state of a land accept the obling filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and complet gation of my position as registered ag registered office address. I hereby co	te performance ent. Or, if this infirm that the
strella Ta	- LANG Estrella Tavarez, Attorney-in-Fact nature of Teistered Agent	12/17/2024 Date	
If signing on be	half of an entity:		
Estrella Tavarez,	Special Secretary		
1	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	