

P1600000 7026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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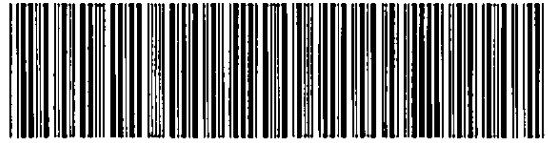
(Business Entity Name)

(Document Number)

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RA Change

APR 22 2020

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAYKE INC  
Name of Corporation

**DOCUMENT NUMBER:** P16000007026

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELEONORA DEPALMA

Name of Contact Person

ELEONORA DEPALMA PA

Firm/Company

350 LINCOLN ROAD 2nd Floor

Address

MIAMI BEACH FL 33139

City/State and Zip Code

ELEONORA.DEPALMA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ELEONORA DEPALMA

Name of Contact Person

at (305) 439-2033

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JAYKE INC.
2. The principal office address: C/O ELEONORA DEPALMA PA  
350 LINCOLN ROAD 2nd Floor MIAMI BEACH FL 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/20/2016 Document number: P16000007026
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BUSINESS ASSISTANCE INC.

13499 BISCAYNE BOULEVARD STE TS-1

NORTH MIAMI, FL 33181

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ELEONORA DEPALMA PA

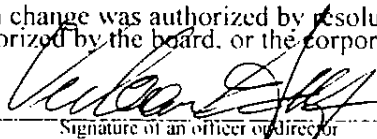
350 LINCOLN ROAD 2nd Floor MIAMI BEACH FL 33139

P.O. Box NOT acceptable

MIAMI BEACH FL 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

ANGELO VULCANO - President

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

03/26/2020

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Eleonora Depalma

\_\_\_\_\_  
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  
CR2E045 (04/13)

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