## P16000012895

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<del>; #</del> )
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nam	ne)
(Do	ocument Number)	
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DIVISION OF CORPERATION

JUL 29 2016

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## COVER LETTER

Division of Corporations		
SUBJECT: Jennifer Kelman Inc. Name of Corporation		
DOCUMENT NUMBER: P16 0000 12895		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	āling.	
Please return all correspondence concerning this matter to the following:		
Jennile Helman Name of Contact Person		
Jennifer Kelman, Inc.		
102 NE 2nd Street, Suite 50	<u>)</u> 6	
Boca Roston, FL 33432 City/State and Zip Code		
TVKEL6 @ gmail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Valerie Kelman at (561) 504- Name of Contact Person Area Code & Daytime Telep	- <u>  53  </u> phone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section  Street Address: Amendment Section		

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

## 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 <u>FL</u> in order to change its registered office or registered agent, or both, in the State of Florida.
- · · · · · · · · · · · · · · · · · · ·
1. The name of the corporation: Jennifer Kelman, Inc.
2. The principal office address: 102 NE 2nd street, Suite 506
Boca Raton, RL 33432
3. The mailing address (if different):
(same as above)
4. Date of incorporation/qualification: 2/8/2016 Document number: P16000012895
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)
Jennifer Kelman
5944 Coral Ridge Drive, # 163
Coral Springs, FL 33076
6. The name and street address of the new registered agent (if changed) and /or registered office
Tenniter Kelman
(if changed):  Jennifer Kelman  102 NE 2nd Street suite 506
Boca Rakn, P.O. Box NOT acceptable )
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  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.
7/11/16
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 *,* *
MAKE CHECKE DAVABLE TO ELODIO A HERABITA DE STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)