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		$\cdot \circ \cdot$	<u> </u>

(Re	equestor's Name)
(Ad	ldress)
(Ad	Idress)
(Cit	ty/State/Zip/Phone #)
(Bu	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



07/19/18--01001--023 ++35.00





JUL 2 4 2018

<b>COVER</b> I	LETTER
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TO: Amendment Section Division of Corporations

**JS LIFE SCIENCES** 

SUBJECT:

Name of Corporation

P16000100652

DOCUMENT NUMBER:\_\_

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:

MICHAEL JANICZEK

Name of Contact Person

J'S LIFE SCIENCES, INC.

Firm/Company

104 BRANTLEY HALL LANE

Address

longwood, fl 32779

City/State and Zip Code

mike@advbooks.com

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

For further information concerning this matter, please call:

MICHAEL JANICZEK	407	252-8968
	at (	)
Name of Contact Person	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

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

1. The name of th	J'S LIFE SCIENCES, INC.
2. The principal of	104 BRANTLEY HALL LANE
	DD, FL 32779
3. The mailing ad	ldress (if different):
4. Date of incorp	oration/qualification: Document number:
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
_	JOHN FISHER SALVADOR
	283 CRANES ROOST BLVD SUITE 111
	ALTAMONTE SPRINGS, FL 32701
- 6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	MICHAEL JANICZEK
-	104 BRANTLEY HALL LANE
-	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

JOHN F. SALVADOR

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.

ature of Begistered Agent

7/16/2018

Date

If signing on behalf of an entity:

MICHAEL JANICZEK

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 Fols (02/12)

CR2E045 (03/12)