Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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REGISTERED AGENT CHANGE JUMPER DREAMS CORP.

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Electronic Filing Menu

Corporate Filing Menu

APR - 1 2022

Please honor original date 3/24/2022

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes in organized under the laws of the State of <mark>Florida</mark> ir registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: JUMPER DREAM	MS CORP	
	office address: No change		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/09/2018	Document number: P18000033484	
	d street address of the current regi- timent of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	DYMAX INTERNATIONAL SE	RVICES, INC.	2
	40 S.W. 13TH STREET, SUITE 802		热 篇
	MIAMI, FL 33130		R 24
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	202 ± R 2+ 1 10 + 6
	CT Corporation System		₹ 6
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street addre		e street address of the business office of its regis	tered agent,
Such change wa authorized by th	as authorized by resolution duly a the board, or the corporation has l	adopted by its board of directors or by an officer been notified in writing of the change.	so
ns/ Eric Jansen	1	Frie Jensen, Attorney in Fact	
_	re of an officer or director	Printed or typed name and title	
aocument is pet	the appointment as registered a to comply with the provisions of ad I am familier with and accept ing filed merely to reflect a chang s ocen notified in writing of this c	gent and agree to act in this capacity. all stanties relative to the proper and complete j the obligation of my position as registered agen ge in the registered office address, I hereby conf change.	performance t. Or, if this irm that the
C T Corporation	System Sourford	03/24/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Fady T Sect.	oon, Asst		
	yped or Printed Name	_	
	* * * FIL1	NG FEE: \$35.00 * * *	
		TO ELORIDA DEPARTMENT OF STATE	

By: