P18000037313

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: JENNATCO MANAGEMENT INC. Name of Corporation DOCUMENT NUMBER: P18000037313 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: JENNIFER VAZQUEZ Name of Contact Person Firm/Company 1607 Ponce De Leon Blvd #12F Address Coral Gables, FL 33134 City/State and Zip Code jennvzq@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER VAZQUEZ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	FLORIDA
 The name of t The principal 	he corporation: JENNATCO MAN office address: 1607 Ponce De Leo	agement Inc. on Blvd #12F Coral Gables, FL 33134	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 04/05/2022	Document number: P1800003	7313
	street address of the current regist tment of State: (If resigned, enter n	ered agent and registered office on file wit esigned)	th the
	JESIKA DIAZ MUNAR, P.A.		_
	8180 NW 36 STREET SUITE 309		
	DORAL, FL 33166 US		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered off	īce
	THE CORPORATE LAW FIRM		_
	1000 W. MCNAB RD., SUITE 172		2022
	POMPANO BEACH, FL 33069	P.O. Box NOT acceptable	2022 NOV -9
The street addre	ss of its registered office and the be identical.	street address of the business office of its	s registered agent.
Such change wa authorized by th	is authorized by resolution duly ac ie board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer'so 5.
Lieble Vegger		JENNIFER VAZQUEZ	1.1
I hereby accept I further agree t of my duties, an document is bei	o comply with the provisions of a d I am familiar with and accept th	Printed or typed name and to ent and agree to act in this capacity. Il statutes relative to the proper and com ne obligation of my position as registered e in the registered office address, I hereb nange.	plete performance Lagent. Or, if this
Stephen P. Joh	nson President	10/12/2022	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Stephen P. Johns	on		
Ty	ped or Printed Name		
	* * * FILIN	IG 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)