Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address: _

REGISTERED AGENT CHANGE JACHI LENZ STUDIOS INC.

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of
1. The name of t	he corporation: JaChi Lenz Studios	Inc.
2. The principal	office address: 7901 4th St N STE	300
St. Petersbur	rg FL 33702	
3. The mailing a	ddress (if different): 7901 4th St N S	TE 300
St. Petersb	urg FL 33702	
4. Date of incorp	poration/qualification: 12/21/2018	Document number: P18000103093
	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	NORTHWEST REGISTERED AG	ENT, LLC.
	3030 N. ROCKY POINT DRI	IVE SUITE 150A
	TAMPA, FL 33607	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office
	Northwest Registered Ag	gent, LLC.
	7901 4th St N STE 300	2
	St. Petersburg FL 33702	NOT acceptable
The street addre	ess of its registered office and the s	treet address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.
Chiyet Sanatu	lu Dallah re of an officer or director	Chiyelu Dallah, CEO Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
lon	Glove	1/8/19
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Tom Glove	<u>r</u>	
Ty	sped or Printed Name	

* * * FILING FEE: \$35.00 * * *