## P19000064240

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
	he corporation: Js 352 Racing, Inc.
2. The principal	office address: 2787 SW Bonable Dr
Dunnellon Florid	
3. The mailing a	ddress (if different): 3451 Via Montebello Unit 192-220 Carlsbad, California 92009
	poration/qualification: 08-16-2019 Document number: P19000064240
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	AGENTS AND CORPORATIONS, INC.
	91 NINTH STREET SOUTH SUITE 330
	Naples, FL 34102
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Registered Agents Inc
	7901 4th St N Ste 300
	P.O. Box NOT acceptable  St. Petersburg, Florida 33702
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
/s/ Bryan Jale	k Swoll  Bryan Jalek Swoll-Officer  Printed or typed name and title
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ny filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
David Parents	1/23/2025
Sign	nature of Registered Agent Date
If signing on be	half of an entity:
David Robe	erts
T	yped 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
CR2E045 (04/13)