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2021 JUNITA AMIT: 50 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: IT BY JASON J. LEE INC. Name of Corporation		
DOCUMENT NUMBER: P 200000 65870		
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:		
SEAN SIMONIC		
Name of Contact Person. SIMONIC SIMONIC RATNECHT AND ASSOCIATES LUC FIRM/Company 8750 PERIMETER PARK BLUD Address		
SIMONIC DIMONIC RATNECHT AND ASSOCIATES INC		
8750 IERIMETER PARY NO) レノA	
Address		
Address _JACKSONVILLE FL. 32216 City/State and Zip Code Simonic & Simonic NET		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
E-mail address. (to be used for future amular report notification)		
For further information concerning this matter, please call:		
DEALER ALEXA	4904 5 9752-1040	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
	Samuel Addition	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Fig. (2017) (1)</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LT BY JASON TLEE TNC. 2. The principal office address: 1525 TRALEE COURT N JACKSONVILLE FL. 32221
3. The mailing address (if different): 4. Date of incorporation/qualification: \[\frac{8\frac{1}{9\frac{1}{2}\cdot \frac{2}{2}}{2} \] Document number: \[\frac{\text{P.Zoooooo65870}}{2} \]
5. The name and street address of the current registered agent and registered office on the with the Florida Department of State: (If resigned, enter resigned)
6. The name and street address of the new registered agent (if changed) and for registered offices (if changed): - ABOUNT - ABOU
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 of director I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby 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. C - f - 202
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
CR2E045 (04/13)