

5/10/23, 2:24 PM

P23 000019405
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000174856 3))



H230001748563ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC
Account Number : I20220000100
Phone : (321)366-0510
Fax Number : (321)366-0511

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

Email Address: _____

REGISTERED AGENT CHANGE
SCJS FRANCHISING INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2023 MAY 10 PM 4:30

FILED
2023 MAY 10 AM 8:31
STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

H230001748563

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCJS FRANCHISING INC
Name of Corporation

DOCUMENT NUMBER: P23000019405

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:

CRISTIANE OLIVEIRA SILVA
Name of Contact Person

CKO CONSULTING AND TAX SERVICES LLC
Firm/Company

2935 AMBERSWEET PL.
Address

CLERMONT - FL - 34711
City/State and Zip Code

CKOFINANCIALSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA at (321) 366 0510
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

DEPT. OF STATE
TALLAHASSEE, FL.

2023 MAY 10 AM 8:31

FILED

H230001748563 ABC3

H230001748563

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCJS FRANCHISING INC.
2. The principal office address: 7729 WINEGARD RD SUITE B-3169, ORLANDO - FL- 32809
3. The mailing address (if different): 2111 S 67th ST, SUITE 300, OMAHA - NE 68106
4. Date of incorporation/qualification: 03/06/2023 Document number: P23000019405
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DANNIEL L BENNET JR

13411 LOCHMOOR CIR

BELLEVUE - FL - 68123

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CKO CONSULTING AND TAX SERVICES LLC

2985 AMBERSWEET PL

P.O. Box NOT acceptable

CLERMONT FL 34711

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.

Danniel L Bennet Jr
Signature of an officer or director

DANNIEL L BENNET JR - P
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and 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.

Kleber Oliveira
Signature of Registered Agent

05/02/2023
Date

If signing on behalf of an entity:

KLEBER OLIVEIRA

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)

H230001748563 ABC3

FILED
2023 MAY 10 AM 8:31
TALLAHASSEE, FL
DEPARTMENT OF STATE