Division of Corporations Electronic Filing Cover Sheet

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Phone : (614)280-3338

Fax Number

: (614)573-3996 Enter the email address for this business entity to be used for futur $\hat{ extbf{e}}$ annual report mailings. Enter only one email address please.\*\*

REGISTERED AGENT CHANGE JW INVESTMENT HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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

	•	$517.0502$ , $607.1508$ , or $617.1508$ , Florida Su $\sigma$ organized under the laws of the State of $\overline{\Gamma}^{10}$	
	•	registered agent, or both, in the State of Flo	
1. The name of	the corporation: JW INVESTMEN	T HOLDINGS, INC.	
2. The principal	office address: 2700 N. MILITAR	T HOLDINGS, INC. Y TRAIL, SUITE 130 BOCA RATON, FL 334	¥31
3. The mailing a	ddress (if different); 2700 N. MIL	ITARY TRAIL, SUITE 130 BOCA RATON, F	L 33431
		Document number: P23000075	
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with resigned)	the
	MARK B GOLDSTEIN		
	14821 YONGE DRIVE		
	JACKSONVILLE, FL 32218		2024
6. The name and street address of the new registered agent (if changed) and /or regis (if changed):		ed agent (if changed) and for registered offic	2024 HAR I 8 AM
	C T Corporation System		AM S
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NO Facceptable	37 FAIL
The street addre	ess of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change wa	is authorized by resolution duly a se board, or the corporation has b	idopted by its board of directors or by an of seen notified in writing of the change.	fficer so
	Jim Withoshy	James Witkosky, Director	
Signatu	e of an officer or director	Printed or typed name and title	
of my auties, an docúment is bei	d) am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	tent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered to the in the registered office address, I hereby thange.	agent. Or. a this
V. L. 15 C 103/01.2024			
It signing on bo	half of an entity:	Date	
- 0	- Assistant Secretary		
	gred 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)

By.