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Division of Corporations

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From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 Phone : (561)746-1002

Fax Number : (561)775-0270

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

Email Address: payson118/@aol.com

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## REGISTERED AGENT CHANGE MIDTOWN PAYSON GALLERIES, INC.

Certificate of Status	0
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CR2E045 (04/13)

-

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

statement of cha	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of New Yor istered agent, or both, in the State of Florida.	
		,	
1. The name of	the corporation: Midtown Payson Galler	ies, inc.	<del> </del>
<ol><li>The principal Hobe Sound, FL</li></ol>	office address: 230 South Beach Road . 33455		
3. The mailing a	address (if different): 8771 SE Bridge Ro	oad #297, Hobe Sound, FL 33455	
	poration/qualification: 6/20/1991		
	d street address of the current registered rtment of State: (If resigned, enter resigned)	l agent and registered office on file with the ned)	
	Philippe Jeck		
	790 Juno Ocean Walk, Suite 600		2
	Juno Beach, FL 33408	-	2024 JAN 30
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	
	Jeck, Harris, Raynor & Jones, P.A.		## C
	790 Juno Ocean Walk, Suite 600		8: 52
	P.O. Box. NOT acceptable		, ,
	Juno Beach, FL 33408		
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its registe	red agent.
Such change wa authorized by th	as authorized by resolution duly adopt he board, or the corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.	30
Mazili	u - Parlan -	Joanne Payson, President	
Signatu	ire of an officer or director	Printed or typed name and little	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent of to comply with the provisions of all sta ad I am familiar with and accept the of the filed merely to reflect a change in in writing of this chang	atutes relative to the proper and complete pe bligation of my position as registered agent: the registered office address, I hereby confit	erformance Or, if this on that the
	Noch	August 17, 2023	
	Agent	Date	
If signing on be	chalf of an entity;		
Philippe C. Jeck.	. President		
T	yped or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	
М	MAKE CHECKS PAYABLE TO F IAIL TO: DIVISION OF CORPORATIONS.	LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314	