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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

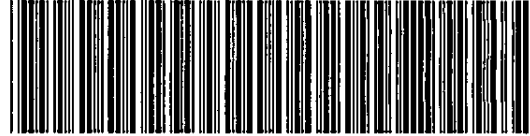
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: JNJR INC
Name of Corporation

DOCUMENT NUMBER: P94 000001901

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:

John Natale
Name of Contact Person

JNJR INC
Firm/Company

PO Box 541510
Address

Lake Worth, FL 33454
City/State and Zip Code

Jan@JnJr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Natale at 561, 719-4600
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SNJR INC
2. The principal office address: 1555 Folsom Rd 113 Islandway
West Palm Beach FL 33413
3. The mailing address (if different): PO Box 541510
Lake Worth, FL 33454
4. Date of incorporation/qualification: 1-7-1994 Document number: P-94000001901
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)
Alan Burger
505 S. Flagler Dr. Ste 300
West Palm Beach, FL 33401

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

Les C. Shields
685 Royal Palm Beach Blvd Ste 205
P.O. Box NOT acceptable
Royal Palm Beach, FL 33411

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]
Signature of an officer or director

John Natale
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.

[Signature]
Signature of Registered Agent

Date

If signing on behalf of an entity:

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

CD-20045 (02/11)

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