

P9400030475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AUG 01 2017

S, YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jojan, Inc.

Name of Corporation

DOCUMENT NUMBER: P94000030475

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:

Adam D. Marshall

Name of Contact Person

Marshall Socarras Grant, PL

Firm/Company

197 South Federal Highway, Suite 200

Address

Boca Raton, FL 33432

City/State and Zip Code

efile@msglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam D. Marshall

Name of Contact Person

at (561) 361-1000

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

**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: Jojan, Inc.
2. The principal office address: 160 Congress Park Drive, Suite 211
Delray Beach, FL 33445
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4.19.1994 Document number: P94000030475
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)

Joseph Mullings
160 Congress Park Drive, Suite 211
Delray Beach, FL 33445

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

Marshall Socarras Grant, PL
197 South Federal Highway, Suite 200
P.O. Box NOT acceptable
Boca Raton, FL 33432

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TALLAHASSEE, FLORIDA

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 or director

Joseph S. Mullings

(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 of Registered Agent

7/21/2017
Date

If signing on behalf of an entity:

Marshall Socarras Grant PL

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