Division of Corporations Electronic Filing Cover Sheet

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(((H170002284923)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (512)418-6949
Fax Number: (954)208-0845

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 JEL CORPORATION

RECEIVED

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WISION OF CORPORATION

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Corporate Filing Menu

C. GOLDEN

AUG 2 8 2017

COVER LETTER

PORATION Name of C	orporation
ยอรกลกราชอา เ	
1 /5000010/55	
BER:	
ent of Change of Registered Offic	e/Agent and fee are submitted for filing.
spondence concerning this matte	r to the following:
•	
Name of Co	ntact Person
T Corporation System	
Firm/Co	ompany
0 Excelsior Drive, Suite 200	
bbA	ress
ladison, WI 53717	
City/State ar	nd Zip Code
ine.Nagel@wolterskluwer.com	
- •	uture annual report notification)
	,
on concerning this matter, please	call:
•	608 827-7660
of Contact Person	at (
check made payable to the Depar	lment 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
	rine Nagel Name of Cor T Corporation System Firm/Co O Excelsior Drive, Suite 200 Add. Add. Iadison, WI 53717 City/State ar rine.Nagel@wolterskluwer.com -mail address: (to be used for form concerning this matter, please of Contact Person check made payable to the Depart Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

CR2E045 (03/12)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida. Let to change its registered office or registered agent, or both, in the State of Florida.	_	
1. The name of t	f the corporation: JEL CORPORATION		
2. The principal	al office address: 5630 Wisconsin Avenue, #1603, Chevy Chase, MD 20815		
3. The mailing a	address (if different):		
4. Date of incorp	prporation/qualification: 10/11/1995 Document number: P95000078931		
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	MELYIN LENKIN		
	1500 S OCEAN BLVD., APT 1001S	2017	
	BOCA RATON, FL 33432	A ACIG	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	625 AM	FILEU
	1200 South Pine Island Road		
	P.O. Bux NOT acceptable Plantation, Florida 33324	2	
The street addre	ress of its registered office and the street address of the business office of its registered ag If be identical.	ent,	
Such change was authorized by the	ses authorized by resolution duly adopted by its board of directors or by an officer so the board or the corporation has been notified in writing of the change.		
Signatu	BOWARD LENKIN PRESIDENT Printed or typed name and trile		
I hereby accept I further agreed performance of agent, Or, if thi hereby can light	whe appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete of my dulies, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. I me that the corporation has been notified in writing of this change.		
By: // Sip	ignature of Registered Agent Date	-	
If signing on bel	pehalf of an entity:		
	Nagel-Asst. Secretary Typed or Frinted 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 (03/12)