P980000 21689

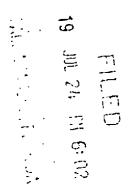
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JUL 31 2019 S. YOUNG

COVER LETTER

Amendment Section TO: Division of Corporations SUBJECT: R JEAN INC Name of Corporation P98000021689 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: ROBYN SIDNEY Name of Contact Person R JEAN INC. DBA RECOVER Firm/Company 3300 NW 41ST STREET MIAMI, FL 33142 City/State and Zip Code robyn@recoverdesigns.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 807-1696
Area Code & Daytime Telephone Number ROBYN SIDNEY Name of Contact Person 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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	mized under the laws of the State of	FLORIDA
1. The name of	the corporation: R JEAN INC.		
2. The principal	office address: 8889 SW 131ST	STREET	
3. The mailing a	ddress (if different): SAME		
4. Date of incor	poration/qualification: 03/06/1998	Document number: P9800	00021689
	I street address of the current registered ament of State: (If resigned, enter resign		rith the
	R JEAN INC		
	8889 SW 131ST STREET		19 1411
	MIAMI, FL 33176		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		24 PH 6: 02	
	3300 NW 41ST STREET		
	P.O. Box NO MIAMI, FL 33142	T acceptable	
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of i	ts registered agent,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so
Risid	ROBYN SIDNEY Signature of an effect or director Printed or typed name and title		ito.
- performance of - agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	accept the obligation of my positio flect a change in the registered offi	nplete
R. Sid	NCO nature of Registered Agent	07/19/2019	
	nature of Rigistered Agent half of an entity:	Date	
ROBYN SI	•		
	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314

* * * FILING FEE: \$35.00 * * *