P98000056722

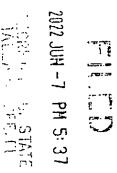
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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A. BUTLER AUG 1 8 2022

COVER LETTER

TO: Amendment Sec Division of Corp	tion porations	
SUBJECT: Jewelry Designame of Corporation	gn and Repair Center Corp	
DOCUMENT NUMBE	R: P98000056722	
The enclosed Statement	of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspo	ondence concerning this	matter to the following:
Martin Barrett		
Name of Contact Person	-	
Jewelry Design and Reapin	: Center Corp	
Firm/Company		
102 Springwood Drive		
Address		
Daytona Beach, FL 32119)	
City/State and Zip Code		
bar	rett80@juno.com	
	used for future annual	report notification)
For further information (concerning this matter, p	lease call:
Martin Barrett		at /
Name of	Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 che	eck made payable to the l	Department of State.
<u>Mailing A</u> Amendme	ddress: ent Section	Street Address: Amendment Section
	of Corporations	Division of Corporations
P.O. Box	•	The Centre of Tallahassee
Tallahasso	ee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Jewelry Design and Repair Center Corp
2. The principal	office address: 102 Springwood Drive, Daytona Beach, FL 32119
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 6/24/1998 Document number: P98000056722
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Christine Jones
	901 S. Atlantic Avenue, #206
	Ormond Beach, FL 32176
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office. Martin Barrett
	P.O. Box NOT acceptable
	Daytona Beach, FL 32119 P.O. Box NOT acceptable TO TO TO TO TO TO TO TO TO T
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatu	re of an officer or director Printed or typed name and title
I furthèr agrée i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if the ing filed merely to reflect a change in the registered office address. I hereby confirm that the seen notified in writing of this change.
Sig	mature of Registered Agent Date
If signing on be	chalf of an entity:
r	yped 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
CR2E045 (04/13)