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City/Stat	e/Zip Phone #	
CORPORATION	N NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1(Co	rporation Name)	(Document #)
2	orporation Name)	(Document #)
(Co	rporation Name)	(Document #)
3(Cc	orporation Name)	(Document #)
4		
·· (Cc	orporation Name)	(Document #)
☐ Walk in	Pick up time	Certified Copy
☐ Mail out	☐ Will wait ☐	
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Profit	Amendment	
NonProfit	Resignation of R.A	
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Examiner's Initials

## 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, the undersigned corporation organized under the laws of the State of $1000000000000000000000000000000000000$
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: JCJ Ventures of the PAIM BEACHE
2. The mailing address of the corporation is: 6060 Birchfree for.
LAKEWOAL FL 33467
3. Date of incorporation/qualification: <u>JAN7, 1999</u> Document number: <u>P9900001629</u>
4. The name and address of the current registered agent and office:
SPIEGEL & UTRERA/PA
343 Almeria Avc Ess &
Corpl Gables Fl. 33134 ES =
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
CARL Blenz
6060 Birchtree terr. Ess 20
LAKEWORTH F1, 33467
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.
Carl Riem 5/13/99
(Signature of an officer, chairman or vice chairman of the board) (Date)
CARL Bienz Pres
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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
(al Dien 5/13/99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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