P.O. Box 391421 E Delfona, F1, 32739-1421

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	30003352 -08/10/00 (Document #) *****35.00	01071006
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	드 Certified Capy N	
☐ Mail out ☐ Will wait	Photocopy Certificate of State	<u></u>
NEW FILINGS	<u>AMENDMENTS</u>	· _
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION 7	210
Annual Report Fictitious Name	Merger REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	Con .

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
the State of Florida. 1. The name of the corporation is: J. C.A. Productions, INC.
1. The hame of the corporation is.
2. The mailing address of the corporation is: 1858 Alameda Drive
DeltonA, Florida, 32738
3. Date of incorporation/qualification: 7/19/05 Document number: P990000 6621
4. The name and address of the current registered agent and office:
CARMEN Abrams
1858 Alameda Drive
Deltona, F1. 32738
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Anthony Abrams
1858 Alameda Drive
Deltona, Fl. 32738
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(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 amfamiliar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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