

P99000081481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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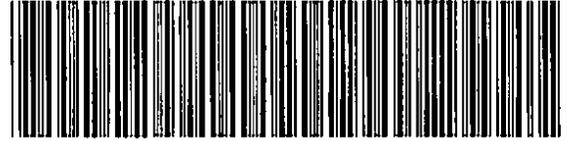
(Business Entity Name)

(Document Number)

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2018 AUG 17 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

AUG 20 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHOICE JEWELS PLUS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P99000081681

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:

STACI KASEN  
Name of Contact Person

CHOICE JEWELS PLUS, INC  
Firm/Company

840 PINE DRIVE Apt# 104  
Address

Pompano Beach Florida 33060  
City/State and Zip Code

CHOICEJP@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACI KASEN at (954), 263-7148  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. (pd v# 4355 8-15-18)

**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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CHOICE JEWELS PLUS INC
- 2. The principal office address: 840 PINE DRIVE #104 Apt  
Pompano Beach, Florida 33060
- 3. The mailing address (if different): (SAME)
- 4. Date of incorporation/qualification: 09/09/1999 Document number: P99000081681

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Korenic, Staci  
840 PINE DRIVE Apt 104  
Pompano Beach, Florida 33060

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Staci KASEN (Kasen, Sta  
840 PINE DRIVE Apt # 104  
Pompano Beach, Florida 33060

P.O. Box NOT acceptable

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, or the corporation has been notified in writing of the change.

*Staci Kasen*  
Signature of an officer or director

Staci KASEN D  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

*Staci Kasen*  
Signature of Registered Agent

8-15-18  
Date

If signing on behalf of an entity:  
Staci KASEN  
Typed 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 32317

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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