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COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: LJANA ENT., INC. Name of Co | |
| Name of Co | orporation |
| DOCUMENT NUMBER: 527851 | |
| The enclosed Statement of Change of Registered Office | e/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| A40 15T 10 0 TOWAR | V 4.110.0 |
| CHRISTINA TOHNA Name of Con | ntact Person |
| CJANA ENT. INC | |
| Firm/Co | ompany |
| 109 WEYBRIDGE Addr | CIRCLE #C |
| ROYAL PALM BEAG City/State an | 2H , FC 3341/ d Zip Code |
| E-mail address: (to be used for fi | Daol, Com_ uture annual report notification) |
| For further information concerning this matter, please of | call: |
| OHR ISTINA JOHNA KUCHAR Name of Contact Person | at (561) 753-/396 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Depart | ment of State. |
| Mailing Address: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 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 statement of change is submitted for a corporation organized under the laws of the State of <u>FLO</u> in order to change its registered office or registered agent, or both, in the State of Florida. | RDA |
|--|---|
| 1. The name of the corporation: QJANA ENT, /NQ. | |
| 2. The principal office address: 109 WEY BRIDGE CIRCLE #C | |
| ROYAL PALM BEACH, FC 33411 | |
| 3. The mailing address (if different): fo Box 210864 | |
| ROYAL PALM BEACH, FL 33421 | |
| 4. Date of incorporation/qualification: <u>JAN 28, 1991</u> Document number: <u>527851</u> | <u> </u> |
| 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) CHRISTINA JOHNA XVCHAR 158 KAPUK CRESCENT | |
| ROYAL PARM BEACH, FC 33411 | SECRE PARY PALL AND SSI 13 SEP 25 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | ED STAT |
| CHRISTINA JOHNA KUCHAR | - Dri |
| 109 WEY BRIDGE CIRCLE #C P.O. BOX NOT acceptable | |
| ROYAL PARM BEAUT, FC 33411 | |
| The street address of its registered office and the street address of the business office of its regist as changed will be identical. | tered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change. | so |
| Signature of an officer or director CHRISTING JOHNA KUCHAR Printed or typed name and title | PRESIDENT |
| 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 regagnt. Or, if this document is being filed merely to reflect a change in the registered office addresses confirm that the corporation has been notified in writing of this change. | |
| SEPT, 23, 2013 Signature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| Typed or Printed Name | |

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