S 30358



900003053079--5 -11/23/99--01052--005 *****\$5.00 ******\$5.00

Office Use Only

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

1. (Corporation Name)	(Dealers and II)	wasan ili <u>wala</u> wa na sa
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NEW FILINGS TARAGE	AMENDMENTS	
By Koloni		
NEW FILINGS Profit Not for Profit	Amendment	-
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	·
Domestication	Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	- =
☐ Annual Report		
Fictitious Name	☐ Foreign ☐ Limited Partnership	
	Reinstatement	- :-
	Trademark	
	Other	
		
DOFO21/7/07)	Examiner's Initials	

CR2E031(7/97)

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 FL	
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: Jenister Mortas Miran, Inc.	•
2. The mailing address of the corporation is: 419 CROSSWALS PARK DRIVE	-
1000 Bury, NY 11797	
3. Date of incorporation/qualification: 2/8/19/1 Document number: 330358.	
4. The name and address of the current registered agent and office:	
JENNIFER FA. LANDORDOLE, INC	
D800 NORTH Federal Hur A. o	
F. Lauderdale, FL 333011	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Scott Decalodis	
3058 N. Federal Hull	
A. Louderdole, FL 393010	
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.	
11/1/1/	
(Signature of an officer, chairman or vice chairman of the board) (Date)	;· - was
Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated	
VI PUI WILVIII, L'INCIRUY UCCRUL UNE UNIDINIMENT ALS TECHNICIPTEN ACENT ANA ACTUE LA ACT IN This canacity.	
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.	
10////	
(Signature of Registered Agent) (Date)	
f sighting on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
the control of the second	
* * * FILING FEE: \$35.00 * * *	

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314