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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

* NOTE:

COVE	RLETTER FEI Number for
TO: Registration Section	JUCSSA, LLC
Division of Corporations	is:20-8488613
SUBJECT: JUCSSA, LLC	
(Name of Limite	ed Liability Company)
Dear Sir or Madam:	d Liability Company) Update t Website
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing. Thank
Please return all correspondence concerning this r	
Julie Fernandez (Name of Person)	· · · · · · · · · · · · · · · · · · ·
JUCSSA, LLC (Firm/Company)	
10101 NW G8 CT. (Address)	
Parkland, FL 33070 (City/State and Zip Code)	<u>(p</u>
For further information concerning this matter, ple	ease call:
Julie Fernandez at () (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered

ugem, or voin, in the State of Florida.
1. The name of the limited liability company is: JUCSSA, LLC
2. The mailing address of the limited liability company is: 10101 NW 48 cT.
Parkland, FL 33076
2/15/07 6070000 20099
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Hector Fernandez Name 8323 NW 12 St. # 206 Address
Name
0023 NW 12 5t. # 200
Doval, FL 33126 City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Doval, FL 33126 City, State and Zip 5. The name and address of the new registered agent and/or office: Tulie Fevnandez Name 10101 NW 68 ct. Florida street address (P.O. Box NOT acceptable)
Name Police
Florida street address (P.O. Box NOT acceptable)
Parkland FL 33076 City, State and Zip
City, State and Zip
on firmed liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited iability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

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 obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**