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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Just Ack Br (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Province Park Zow (Name of Person) Just Ask Boo, LLC (Firm/Company) 1505 Feedinand Street (Address)	nek
(City/State and Zip Code) For further information concerning this matter than the state of Person (Name of Person)	atter, please call: at (305)984-1143 (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 follow	ving amount:
\$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 agent, or both, in the State of Florida.

1. The name of the limited liability company is: Justisk Bog UC
2. The mailing address of the limited liability company is: 1505 Feedinand St.
Caral Gables, FL 33134
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: Naction Steven Fig. Name
201 S. Biscayne Blvd. Miami Ctr. swite 24
Mianu, 6 33131
5,0,7,5 title title 15,15
6. The name and address of the new registered agent and/or office: Province Park Zamek Name 1505 Feedinand Sirect Province Park Zamek Name
Name Sos Ferdinand Street Page Page
Florida street address (P.O. Box NOT acceptable)
Conal Gable FL 33134 ST E
City, State and Zip
If the limited 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 liability 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 organizatio or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Province P. Zamer (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my dutie 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