1/5000/34468

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TALLAHASSEE, FLORHIV

K.SALY EXAMINER DEC - 9 2015

COVER LETTER

Division of Corporations						
SUBJECT: JQM Vintual Name of Limited	Companies CC. 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 this matter to the following:						
Javier Rianbau Name of Person						
Jam Virtual Companier Firm/Company	belie.					
6431 Main Street # 20 Address	26					
Mani Lakes Fl 33014 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Javier Riambau at (78) Name of Person	36) 972 - 6355 Area Code & Daytime Telephone Number					
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. no 160+ un Companias //C

1. Na	me of the limited liability company:	IVIKTO	HI WINE	5 CC
2. (a)		(b)		
(, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabi (Note: MAY BE POST OF	
	6431 Main Street # 206	643	1 Main Street	#206
	Miani (AKED FI 33014	Mi	ani CAKES FI	33014
3.	Date of Filing/registration in Florida	4. <u>L15</u>	000134468 Document number	
5. (a)	Corbor Ation Service (Registered Agent and Registered Office shown on the records of the			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	2015 DEC -7	
-	Tallaha SSEE ,FL	3230	ASSEC. OF	
(b)	Enter name of NEW Registered Agendand/or NEW Registered O	ffice address:	SEE. FLORID	F. Name
	TAVIER Riambau NEW Registered Office Address:		-	
	6431 Main Street #	206	-	
	Miami LAKES, FL	33014	! -	
the cha	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	ne registered office	e and the business office	of the registere

d 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 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 605, F.S. Or, if this document is being filed to merely felters a change in the registered office address. I hereby confirm that the limited liability company has been partited in Veriting of this change.

Signature of Registered Agent