## L140000 6 2290

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JPAT Global L Name of Limite	ed 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:
Gloria Steblina Name of Person	
JPAT Global LLC Firm/Company	
101 Sidonia Avenu	e #704
Coral Gables FL Corol City/State and Zip Code	<u>33</u> 134
is wohimmel group. C E-mail address: (to be used for future annual report r	DY/ notification)
For further information concerning this matter, please call	:
Annette Martinez at (30) Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

VHS18 (2/14)

\$25 Filing Fee

## 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.

Florida	la.	v
1. Na	ame of the limited liability company: <u>JPAT Global LLC</u>	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 101 Sidonia Avenu  Mailing address of limited liability company  (Note: MAY BE POST OFFICE BOX)	*
	#704 #70U	
	Coral Gables, FL 33134 Coral Gables, FL	<u>33</u> 13
3.	Date of filing/registration in Florida  L 1400062290  Document number	
5. (a)	DRG Consulting & Maintenance Corp Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Unit 109	
	Miami ,FL 38015 = =	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	101 Sidonia Avenue  NEW Registered Office Address:	
	#70H	
	Coral Gables FL 33134	
the cha agent w was/we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that af ange or changes are made, the Florida street address of the registered office and the business office of the registered office. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change are authorized by an affirmative vote of the members of the limited liability company or as otherwise provide icles of organization or the operating agreement of the limited liability company.	istered e(s)
Signat	TEFFREY 5. Hmme.l  ature of a member or authorized representative of a member Printed or typed name of signee	<u> </u>
•	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply within of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being left reflect a change in the registered office address, I hereby confirm that the limited liability company has b	ith the accept g filed een