F08000002026

•				
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200171469432

03/08/10--01072--013 **35.00



PA Change



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

March 3, 2010

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

JS-METALIQUID (INT) INC.

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, JS-METALIQUID (INT) INC., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson

Matt Thompson

National Registered Agents, Inc.

COVER LETTER

Division of Corporations					
SUBJECT: JS-METALIQUID (INT) INC.					
(Name of Corporation)					
DOCUMENT NUMBER: F08000002026					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Matt Thompson					
(Name of Contact Person)					
National Registered Agents, Inc.					
(Firm/Company)					
11600 College Boulevard, Suite #210 (Address)					
Overland Park, KS 66210 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Matt Thompson at (800) 550-6724 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301					

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	prporation organized	07.1508, or 617.1508, Flori I under the laws of the State I agent, or both, in the State	of DELAWARE	
	he corporation: JS-M				
2. The principal office address: 5658 FOUNTAINS DRIVE SOUTH					
	LAKE V	VORTH, FL 334	67		
3. The mailing a	ddress (if different): 22	0 E. DELAWARE	E AVE, #1069		
	NE	WARK, DE 197	11		
4. Date of incorp	oration/qualification:	MAY 5, 2008	_ Document number:	F08000002026	
	street address of the cur tment of State: (If resign		and registered office on file	e with the	
	JULES SAVARD				
	5658 FOUNTAINS	DRIVE SOUTH		. <u></u>	
	LAKE WORTH, FL	. 33467		能 101	
6. The name and (if changed):	street address of the new	w registered agent (if	f changed) and /or registered	d office	
,	NRAI Services, Inc	D			
2731 Executive Park Drive, Suite 4 P.O. Box NOT acceptable					
	Weston, FL 33331				
The street address changed will	ess of its registered office be identical.	ce and the street add	ress of the business office	of its registered agent,	
Such change was authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notific	its board of directors or bed in writing of the change	y an officer so	
X July Signatur	e of an officer or director		JULES SAVARD, Printed or typed name		
of my duties, an document is bei corporation has	d I am familiar with an ng filed merely to reflec been notified in writin LWLES,/HC.	d accept the obligate ct a change in the re g of this change.	gree to act in this capacity relative to the proper and tion of my position as regis egistered office address, I h	complete performance stered agent. Or, if this sereby confirm that the	
By: Must 7 Mat 7 If signing on be	nature of Registered Agent rempson Assista half of an entity:	ant Secretary	03/02/2010 Date		
Matt 7	Lompson yped or Printed Name	<u></u>			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *