F1000000 1191

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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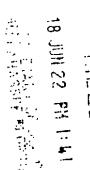
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jese's Godlyck South Limited Inc. Name of Corporation
DOCUMENT NUMBER: FLOOOSS 1191
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:
Andrea Fulled Name of Contact Person
Jusse's Goodhy K South Limited, Inc.
2385 Tower De. Address
Maples FL 34104 City/State and Zip Code
E-mail address: (to be used for fundre annual report notification)
For further information concerning this matter, please call:
Un drea Fuller at (239) 687 - 5830 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 Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Jesse's Goodluck South Limited, Inc.
2. The principal office address: 2385 Tower De.
3. The mailing address (if different): Cho Westhung (Bearryda) LTD.
Welleskey House South 90 P.His Bay Rd. Pembroke HMOS Beamude
4. Date of incorporation/qualification: 3 9 2010 Document number: F100000 1191
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Andrea - Fuller
1292 Coeporate Square Ste. C. Naples Fr 34104
Maples, Fr 34104
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Andrea Fulce
2385 Tower Dr.
P.O. Box NOT acceptable Maples FL 24104
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Induca L. Fullor Andrea Fulke VP.
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete overformance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I bereby confirm that the corporation has been notified in writing of this change.
Indrea L. Fuller Signature of Registered Agent Date
f signing on behalf of an entity:
Avorea Fullee Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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