## Florida Department of State

Division of Corporations
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| From:       | doe of such a   | 2/              |
|             | Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023  | , U             |
|             | Phone : (850) 205-8842  |                 |
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| annual rep  | REGISTERED AGENT CHANGE   | AUG 25          |
| annual rep  | REGISTERED AGENT CHANGE  JH CAPITAL (V.I.). INC.  | AUG 25 AN 9: 06 |
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August 26, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JH CAPITAL (V.I.), INC. 5322 YACHT HAVEN GRANDE ST. THOMAS U.S. VIRGIN ISLAND, XX 00802

SUBJECT: JH CAPITAL (V.I.), INC.

REF: F14000004647

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Darlene Connell Regulatory Specialist III FAX Aud. #: B15000204836 Letter Number: 415A00018044

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8/25

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

| statement of cha   | mge is submitted for a corporation o   | 7.0502, 607.1508, or 617.1508, Florida Stat<br>organized under the laws of the State of <u>Vir</u><br>egistered agent, or both, in the State of Flor                             | gin Islands                                  |
|--|--|--|--|
| 1. The name of t   | the corporation: JH CAPITAL (V.I.),  | INC.   |  |
| 2. The principal<br>5322 YACHT   | office address:  | ox 59 U.S. VIRGIN ISLAND, OC 00802   |  |
| 3. The mailing a   | ddress (if different):<br>HT HAVEN GRANDE ST. THOMAS                         | Box 59 U.S. VIRGIN ISLAND, OC 00802  |  |
| 4. Date of incorp  | poration/qualification: 10/31/2014   | Document number: F140000046  | 47   |
| 5. The name and  |  | red agent and registered office on file with   |  |
|  | 1201 Hays Street   |  |  |
|  | Tallahassee, FL 32301  |  | ≅ <sub>2</sub> ; <b>5</b>                    |
| 6. The name and (if changed):  | I street address of the new registered                                       | agent (if changed) and /or registered office   | AUG 25<br>AUG 25<br>ORE LARY<br>LAHASSI      |
|  | C T Corporation System   |  |  |
|  | c/o C T Corporation System, 1200 Soc   | uth Pine Island Road   | H 9.   |
|  | P.O. Box<br>Plantation, Florida 33324  | NOT acceptable   | <b>8</b> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 |
| The street addre   | ess of its registered office and the st<br>be identical.                     | reet address of the business office of its re  | gistered agent,                              |
| Such change wa<br>authorized by th   | s authorized by resolution duly ado<br>to board, or the corporation has been | opted by its board of directors or by an offin notified in writing of the change.  | icer so                                      |
| <i>Y</i>   | pose   | JoAn Tolosa Vice President   |  |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the |  | nt and agree to act in this capacity,<br>stantes relative to the proper and comple<br>and accept the obligation of my position as<br>reflect a change in the registered office a | te<br>registered<br>ddress, I                |
| Ву:  | orporation System  | 08/21/2015   |  |
| If signing on year   | half of an entity: mes M. Halpin ssistant Secretary pped or Printed Name     | Oate   |  |

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

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