SIGNATURE: SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # G35135  1. Entity Name  JESSLA CONSTRUCTION CORP.											
UGOU TI I LITUICITY OF WEOD		Mailing Address 8360 W FLAGLER ST #200 MIAMI FL 33144-2042			-	SECRETARY OF STATE TABLAHASSEE, FLORIDA					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	El Number	59-2278402		<del> </del>	olied For	
Zip	Country	Zip	Zip Country		5. 0	Certificate of St		\$(	3.75 Addi		
	6. Name and Address of Current R	egistered Agent	l		7. N	lame and Add	Iress of New Re				
	b. Name and Address of Content in			~Name							
LIMA, FELIX 8360 W FLAGLER ST #200				Street Address (P.O. Box Number is Not Acceptable)							
MIAN	II FL 33144										
				City	*			FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	s registere	ed office or regis	tered age	ent, or both, in	the State of Flor	ida.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOT	TE: Registere	d Agent signature requ	ured when re	einstating)		DATE	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	1				1					
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.     </li> <li>(See criteria on back)</li> </ol>		FILE NOW!!! FEE IS \$1  Atter MAY 1, 2000 Fee will b  Make Check Payable to Departr		will be \$550.0	0 State	l	n Campaign Fina und Contribution			May Be to Fees	
11.	OFFICERS AND D		12.	<u> </u>		DITIONS/CHA	ANGES TO OFFI	CERS AND	IRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LIMA, FELIX 8360 W FLAGLER ST., #201 MIAMI FL 33144	☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIMA, ALAN L 8360 W FLAGLER ST., #201 MIAMI FL 33144	☐ Delete	·			30	0003 -01/14 ****1	0996 /000: 50.00	5 <b>43</b> 1097 ****1	50.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CIT	ME IEET ADDRESS Y-ST-ZIP			18		☐ Change	☐ Addition	
13. I hereby of the color	certify that the information supplied with on this report or supplemental report is proration or the receiver or trustee empty, or on an attachment with an address, we runtil the control of the control of the control of the certification of	arue and accurate and that wared to execute this repoi	rt as requi	ired by Chapter	n Section the same 607, Flor	119.07(3)(i), F legal effect as ida Statutes; a	Florida Statutes. Is if made under out of that my name	e appears in	fy that the in an officer Block 11 of	nformation or director r Block 12 if	