

J30403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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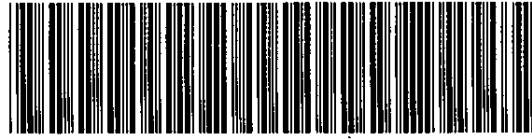
(Business Entity Name)

(Document Number)

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T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J.R. Investments, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** J30403

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:

Karla Lammers  
Name of Contact Person

J.R. Investments, Inc.  
Firm/Company

16750 NW 19 Street  
Address

Pembroke Pines, FL 33028  
City/State and Zip Code

Karla @ acevedolammers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Lammers at ( 954 ) 552-5242  
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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: J.R. Investments, Inc.

2. The principal office address: 8230 NW 56 Street Doral, FL 33166

3. The mailing address (if different): 901 Ponce de Leon Blvd. Ste 606 Coral Gables, FL 33134

4. Date of incorporation/qualification: 08/26/1986 Document number: J30403

5. 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)

Susan Garcia
901 Ponce de Leon Blvd. STE 606
Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karla Lammers
16150 NW 19 street
Pembroke Pines, FL 33028

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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.

Signature of an officer or director

Karla Lammers VP
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance 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 hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

October 31, 2012
Date

If signing on behalf of an entity:

Karla Lammers
Typed or Printed Name

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