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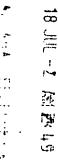
(Requestor's Name)							
(Address)							
· (Address)							
(City/State/Zip/Phone #)							
. PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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JIFGGETT

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	JYESHTHA, LLC ECT:						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Of	fice Change and fee(s	s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the follo	wing:				
Kevi	n Snyder						
-	Name of Person						
СРА	Business Advisors, Inc.						
	Firm/Company						
1290	W. Eau Gallie Blvd.						
-	Address						
Melb	ourne, FL 32940						
	City/State and Zip Code						
Kevi	n@cpabusinessadvisors.com						
I	E-mail address: (to be used for future and	nual report notification	on)				
For fu	rther information concerning this matter	, please call:					
Kevir	n Snyder	321	593-0925				
	Name of Person	\ ' -	ea Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: ation Section t of Corporations at 6327 ssee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$55 Fi	ing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: JYESHTHA, L					
2. (a	ι) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5020 N. Highway US 1, Unit 4	((b)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Palm Shores, FL 32940	_				
		7/3/2007		L	.0700007	0206	
3.		Date of filing/registration in Florida	4	_		Document number	
5. (n)	Joseph R. Reese					
5. (a) (b)	a j	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		1305 Rivermont Drive					
		Melbourne , FL	3293	35		*. CO	
	- \	Kevin Snyder					
))	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ıddı	ress:		
		NEW Registered Office Address:				** \$9	
		1290 W. Eau Gallie Blvd.				,≟ • ⊘ ≽	
		Melbourne, FL_	329	35			
the cagen	ha t w we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reging the little	gist cor mil His	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Sinds	twe of a member of authorized representative of a member	J()SE	ph R. Re	Printed or typed name of signee		
Vile prov the o to me notif	rebisio obli ere iea	by accept the appointment as registered agent and agree on a literal statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been accompanied to the change in the registered office address, I have been accompanied to the change.	ee to a perfor l for in ereby	ct i ma i Ci coi	in this capa	city. I further agree to comply with the	