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(Re	equestor's Name)	
(Ac	ddress)	· -
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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C. LEWIS

APR 5 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Just-ePay LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Prasad Valay

Name of Person

Just-ePay LLC

Firm/Company

1307 S International Pkwy, Unit 2061

Address

Lake Mary, FL 32746-1414

City/State and Zip Code

jerry@cyberbesttech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Oyler

...407

732-6993 X 13

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Just-ePay Li	rc
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	Ompany: 604 Courtland St Suite 121
	Orlando, FL 32804
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	Suite 121
	Trust of the state
03/19/2008	L08000028767
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	Valay, Prasad
Registered Office Address:	3924 Emerald Estates Cir
	Apopka, FL 32703
,	
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW Registered Agent</u> :	/or NEW Registered Office address: Valay, Prasad
NEW Registered Office Address:	1307 S International Pkwy, Unit 2061
(MUST BE FLORIDA STREET ADDRES	
	Lake Mary ,FL 32746-1414
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the limited liability company or as of the operating agreement of the limited liability company.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608 F.S. Or, if this document is being file address, I hereby agnfirm that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for indicate to merely reflect a change in the registered office company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent