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SECRETARY OF STATE TALLAHASSEE FLORIO

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT:		JENA,		
	Name of	Limited	l Liability	y Compan	ıy
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office (Change ai	nd fee(s)	are submitted for filing.
Please	e return all correspondence concerning	g this m	atter to th	ne followi	ing:
	· .				
	Gilbert J. Arvizu				
	Name of Person				
	G.G. JENA, LLC.				
	Firm/Company				
	17633 Gunn Hwy. Suite 14	18			
	Address	10	-		
	Odessa, FL. 33556				
	City/State and Zip Code				
	ganizu1@varizan not				
E	garvizu1@verizon.net -mail address: (to be used for future annual report	notification	on)		
For fu	urther information concerning this mat	tter, ple	ase call:		
	Gilbert J. Arvizu	at (813)	920-4555
	Name of Person		Ar	ea Code & I	Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAII	LING AD	DRESS:
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations P.O. Box 6327		
	Clifton Building 2661 Executive Center Circle				
	Tallahassee, Florida 32301		1 41141	145500, 1 10	7100 J251-r
Enclosed is a check for the following amount:					
	\$25 Filing Fee		\$55	Filing Fe	e & 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.

Name of the limited liability company:	G.G. JENA, LLC
2. (a) Principal office address of limited liability company	Max Muscle Carrollwood
(Note: MUST BE STREET ADDRESS)	12819 North Dale Mabry Hay E Tampa, FL 33556
(b) Mailing address of limited liability company:	G.G. JENA, LLC SS N
(Note: MAY BE POST OFFICE BOX)	9906 Menander Wood Court Odessa, FL. 33556
May 19, 2009	L090000490435 &
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Gilbert J. Arvizu
Registered Office Address:	12819 N. Dale MABRY HWY
	Tampa, F1. 33618
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Gilbert J. Arvizu
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17633 Gunn Hwy. Suite 148 Odessa ,FL33556
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Gilbert J. Arvizu Printed or typed name of signee	lorida street address of the registered office
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Regi

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