L09000070357

, (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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04/26/10--01033--025 **25.00



¿	R LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: JGS INVERSIONES 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:		
BENJAMIN ZORIO		
Name of Person		
J66 Inversiones LLC Firm/Company		
90 SW 3rd St Apt	3114	
MIAMI , FL 33130		
City/State and Zip Code		
benzorio@yahoo.com	1	
E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, please call:		
BENJAMIN ZORIO at (305, 898-5968	
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 BÉATHFOR 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.

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1. Name of the limited liability company:	J69 INVERSIONES LLC	
2. (a) Principal office address of limited liability co	mpany: 165 luversiones LLC	
(Note: MUST BE STREET ADDRESS)	90 SW 3rd ST Apt 3114 MIAMI, FL 33/30	
(b) Mailing address of limited liability company:	JGS Inversiones LLC	
(Note: MAY BE POST OFFICE BOX)	90 SW 3rd St Apt 3114 MAMI , FL 33130.	
July 22, 2009	LØ9000070357 =	
3. Date of filing/registration in Florida	4. Document number RASS	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
Registered Agent:	JOAQUIN GARCIA =	
Registered Office Address:	90 SW 30 STEPT 3114 MIAMI IFL 33130	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	BENJAMIN ZORIO	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS		
	MIAMI ,FL 33130	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. (fr., if this document is being filed address, I hereby chaffrm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany 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