L10000054506

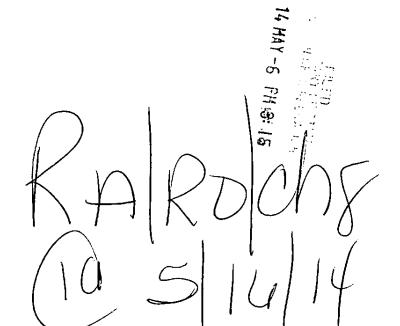
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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05/06/14--01027--008 **25.00



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	CT:		· ,	
	Name of Limited Liability Company			
Dear Sir	or Madam:			
The encl	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning the	is matter to the	following:	
Rarbar	a Cantens			
	Name of Person			
JIS Ho	ldings, LLC			
	Firm/Company			
12100	SW 132nd Ct, Ste 113			
	Address		·	
Miami,	FL 33186			
	City/State and Zip Code			
jis@jisc	construction.com			
E-n	mail address: (to be used for future ann	ual report noti	fication)	
For furth	er information concerning this matter,	please call:		
Barbara	a Cantens	305	256-5758	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations			vision of Corporations	
	Clifton Building		O. Box 6327	
	2661 Executive Center Circle Fallahassee, Florida 32301	Ta	Illahassee, Florida 32314	
Enclosed is a check for the following amount:				
	2 \$25 Filing Fee	□ \$	55 Filing 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. 1	Name of the limited liability company: JIS H	oldings, LLC			
2. (a					
`	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS				
	12100 SW 132nd Ct, Ste 113	12100 SW 132nd Ct, Ste 113			
	Miami, FL 33186	Miami, FL 33186			
	5/20/2010	L10000054506			
3.	Date of filing/registration in Florida	a 4. Document number			
5. (a	a)				
`	Registered Agent and Registered Office shown on the	records of the Florida Dept. of State:			
	Diaz, Isabel C Esq.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 701 Brickell Ave, 30th Floor Miami FI 33131				
	701 Brickell Ave, 30th Floor				
	Miami	, _{FL} 33131			
		Registered Office address:			
(b	o)	<u> </u>			
	Enter name of NEW Registered Agent and/or NEW	Registered Office address:			
	Javier Cantens				
	NEW Registered Office Address:				
	9245 SW 118 Terrace				
	Miami	, _{FL} 33176			
the clagent was/v	hange or changes are made, the Florida street a t will be identical. Or, in the case of a Floridal	der the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) numbers of the limited liability company or as otherwise provided in ent of the limited liability company.			
		Jorge Rodriguez-Ojea			
_	nature of a member or authorized representative of a mem				
I her provi the o to me notifi	reby accept the appointment as registered agen isions of all statutes relative to the proper and ibligations of my position as registered agent a erely reflect a change in the registered office ac ied in writing of this change.	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept s provided for in Chapter 605, F.S. Or, if this document is being filed ddress, I hereby confirm that the limited liability company has been			
Sions	ature of Registered Agent				
	17 /				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00					