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SECRETARY OF STATE
TALLAHASSEE, FIORIDA

D. BRUCE

DEC 07 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	•					
SUBJ	ECT:	JSA CAPITA	L FLORID	A #1, LLC	····		
		Name of Limite	ed Liability Co	mpany			
Dear !	Sir or Madam:						
The en	nclosed Registered Agent/	Registered Office	Change and fo	ee(s) are submitted for f	iling.		
Please	e return all correspondence	concerning this r	natter to the fo	ollowing:			
<u></u>	Janice Null for Incol		· · · · · · · · · · · · · · · · · · ·				
	Incorp Servi		-				
	гить сотра	n.ì.			TAX Section	=	
	2360 Corporate Ci	rcle, Suite 400			五元		**
	Address				TARY ASSEE	DEC -6 樹川: 2!	יירר די דר די
	Henderson, NV	89074-7722			OF S	至	Γ
	City/State and Zi	p Code			STATE LORID	II: 25	ζ
	lilyshenko@ho	tmail.com			>	- .	
E	-mail address: (to be used for future	annual report notificat	ion)				
For fu	urther information concerni	ng this matter, plo	ease call:				
Ja	nice Null for Incorp Serv	ices, Inc. at (702	866-2500			
	Name of Person	•	Area Co	ide & Daytime Telephone Num	ber.		
	STREET/COURIER AD	DRESS:	MAILING ADDRESS:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations P.O. Box 6327				
	Clifton Building 2661 Executive Center Cir	cle	P.O. Box 6327 Tallahassee, Florida 32314				
	Tallahassee, Florida 32301		r mitnerstring				
	Enclosed is a check for	the following am	ount:				
	\$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. JSA CAPITAL FLORIDA #1, LLC 1. Name of the limited liability company: _____ 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L11000003874 01/10/2011 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NATIONAL CORPORATE RESEACH, LTD., INC. Registered Agent: 515 EAST PARK AVENUE Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: Incorp Services, Inc. NEW Registered Office Address: 17888 67th Court North (MUST BE FLORIDA STREET ADDRESS) Loxahatchee 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 LILY SHEN KO Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this accument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Legislanice Null on behalf of Incorp Services, Inc.

Signature of Registered Agent