11/00/03/21

(Requestor's Name)	_					
(Address)	_					
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
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IN 13 PH 2: 38

JAN 1 5 2015 T. CARTER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJECT: Jay Software Solutions LLC								
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	s matter to the following:						
Sures	sh Mulukaladu							
	Name of Person							
Jay S	Software Solutions,LL 							
	Firm/Company							
1336	7 NW 14th st							
	Address							
Pemb	proke Pines, FL 33028	·						
	City/State and Zip Code							
m_su	reshbly@hotmail.com							
E	-mail address: (to be used for future annual	ual report notification)						
For fur	rther information concerning this matter,	please call:						
Sures	sh Mulukaladu	305 9784385						
	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						
INHS1	8 (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.

. Na	ame of the limited liability company: Jay Software	Solution	ns, LLC			
l. (a)	8395 sw 29th st miramar FL 33025	(b)	8395 S\	SW 29th st Miramar FL 33025		
. (=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	09/09/2011		L110001	03121		
	Date of filing/registration in Florida	4.		Document number		
i. (a)	SURESH MULUKALADU			_		
, ,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRECC		-		₹
	Registered Office Address (MOST BE PLONIDA STREET)	1 <i>DD</i> KE33)	1		ن 5	ECE ECE
		33025	· · · · · · · · · · · · · · · · · · ·	-	JAN	HA X X X X X X X X X X X X X X X X X X X
	, FL	, 		_	3	SSE
(b)	SURESH MULUKALADU				PH	<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	ë.	STA1
	13367 NW 14th ST				အ	DA JE
	NEW Registered Office Address:			-		
	PEMBROKE PINES FI	33028		-		
he cha gent v vas/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the f the regis ability co	tered office mpany, it i ited liabilit	e and the business office s hereby confirmed that y company or as otherw	e of the reg the chang	gistered e(s)
^	· Luh		•	MULUKALADU		
Signa	ture of a member or authorized representative of a member		·	Printed or typed name of si	gnee	
l here provisi he obl o mer otified	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performa d for in C hereby co	in this cap ince of my hapter 602 infirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comply w r with and ent is bein pany has	pith the laccept ng filed been
<u>(</u> Signatu	re of Registered Agent					