L12000083517

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

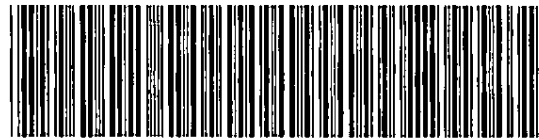☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEMIUM 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:

CEDRIC GEFFROY
_____
Name of Person

JEMIUM LLC
_____
Firm/Company

2150 Coral Way, Suite 7B
_____
Address

MIAMI FL 33145
_____
City/State and Zip Code

cedricgeffroy@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cedric Geffroy   at (786) 554 0872
_____
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

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. Name of the limited liability company: **JEMIUM LLC**

2. (a) **2150 Coral Way, Suite 7B**

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

MIAMI FL 33145

(b) **2150 Coral Way, Suite 7B**

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

MIAMI FL 33145

3. **06/25/2012**

Date of filing/registration in Florida

4. **L12000083517**

Document number

5. (a) **CEDRIC GEFFROY**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

630 85th street, #105

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

MIAMI BEACH, FL **33141**

(b) **CEDRIC GEFFROY**

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2150 Coral Way, Suite 7B

NEW Registered Office Address:

MIAMI, FL **33145**

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.

CEDRIC GEFFROY

Signature of a member or authorized representative of a member | 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 605, F.S. Or, if this document 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.

Signature of Registered Agent

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

INHS18 (2/14)