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COVER LETTER

Division of Corporations				
JD SOLVE IT, LLC UBJECT:				
Name of Limited	Liability Company			
Dear Sir or Madam:				
'he enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	e following:			
3randy Abreu				
Name of Person				
AM Law, LLC				
Firm/Company				
7385 SW 87th Avenue, Ste. 100				
Address				
Miami, FL 33173				
City/State and Zip Code				
babreu@amlaw-miami.com				
E-mail address: (to be used for future annual report not	iffication)			
For further information concerning this matter, please call:				
Brandy Abreu, Esq. 305	441.9530			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

irsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(m) 14629 S	W 104TH STREET	,	14629 SV	V 104TH STREET
(a) <u>I</u>	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)
Unit 20	80		Unit 208	
Miami.	. FL 33186		Miami, Fl	L 33186
August	22, 2012		L12000107	975
Delima	Date of filing/registration in Florida . Josraph	4.		Document number
Register	ed Agent and Registered Office shown on the records o SW 104TH ST	f the Florid	a Dept, of Sta	nte:
Register Unit 20	red Office Address (MUST BE FLORIDA STREET) 08	ADDRES	<u>S)</u>	2020 SEP
Miami	ا .	 33186 L		P man
(b) AM Lav	w.LLC me of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ldress:	S AM IO: 42 RY OF STATE HASSEE, FL
Brandy	/ Abreu, Esq.			AIE FL
NEW R	egistered Office Address:			_
7385 S	W 87th Avenue, Ste 100			_
Miami	F	33173 L		
ange or char ent will be id is/were auth	iability company is not organized under the langes are made, the Florida street address of the dentical. Or, in the case of a Florida limited lorized by an affirmative vote of the members organization or the operating agreement of the	e register iability confithe line of the l	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signature of a r	nember or authorized representative of a member		<u></u>	Printed or typed name of signee
ovisions of a e obligations merely refle	of the appointment as registered agent and age this tatutes relative to the proper and complete to of my position as registered agent as provide of a change in the registered office address, I ting of this change.	ree to ac perforn ed for in hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
#D5-5~				