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(Requestor's Name) (Address) (Address)	600242249946
(City/State/Zip/Phone #)	11/30/1201022023 **25. 00
Certified Copies Certificates of Status	FILED 2012 HOV 30 PH 2: 36 SECHETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	J. BRYAN DEC - 8 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Jasa Formulations, 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:

Kevin Kronawitter

Name of Person

Fifty K Group, LLC

Firm/Company

7450 Dr. Phillips Blvd., STE 205

Address

Orlando FL 32819

City/State and Zip Code

kkronawitter@fiftykgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Kronawitter

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

at (______) 654-2043 x.105

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



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INHS18 (5/08)

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.

. Name of the limited liability company: _asa Formutations.	
 (a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>) 	any: 20 Enc Court
· · ··································	Oldarran PL 34577
(b) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	20 Err Court
	Oldsmar FL34677
11.05/2012	-12000140342
Date of tiling/registration in Florida	4. Document number
 (a) Registered Agent and Registered Office shown of Registered Agent; 	on the records of the Florida Dept. of State:
Registered Office Address:	20 File Cest
	Oldsmar FL 34677
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
<u>NEW</u> Registered Agent:	KUSHNER, STEVEN
NEW Registered Office Address:	20 Eric Conat

Oktanar

FL 34677

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.

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Siggame of a member or authorized representative of a member

(MUST BE FLORIDA STREET ADDRESS)

Anna Kronawiter Printed or typed name of signer

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 statules 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 document is being filed to merely reflect a change in the registered office address. I hereby confirm that the lonited liability company has been notified in writing of this change.

trus Signature of Registered Agent

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

INHS18 (05/08)