

L13000001953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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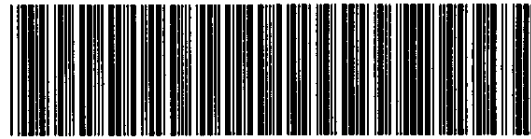
(Business Entity Name)

(Document Number)

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STATE OF MASSACHUSETTS

B. BOSTICK

MAR 10 2014

EXAMINED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOMARO 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:

MARIANE GHARIBE  
Name of Person

\_\_\_\_\_  
Firm/Company

1000 ISLAND BLVD APT 2603  
Address

AVENTURA FL 33160  
City/State and Zip Code

marianegharibe\_1@hotmail.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
SEP 17 11 02 27  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mariane Gharibe at (657) 217-7158  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114, 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: JOMARO LLC
2. (a) Principal office address of limited liability company: 1000 ISLAND BLVD  
APT 2603 AVENTURA  
FL, 33160  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 400 GARLEDA AVE  
CORAL GABLES FL 33146  
**(Note: MAY BE POST OFFICE BOX)**

3. Date of filing/registration in Florida: 15/01/2013
4. Document number: L13000007953

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: OSWALDO GUERRA
- Registered Office Address: 1051 CEDAR FALLS DR  
WESTON FL 33327

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** MARIANE GHARIBE
- NEW Registered Office Address:** 1000 ISLAND BLVD  
APT. 2603 AVENTURA  
FL 33160  
**(MUST BE FLORIDA STREET ADDRESS)**

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]  
Signature of a member or authorized representative of a member

ROBERTO GHARIBE  
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 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]  
Signature of Registered Agent

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