13000 15214

(Requestor's Name)					
(Address)					
	(Address)				
_	(City/State/Zip/Phone #)	_			
PICK-UI	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



700324972687

02/22/19--01013--016 **25.00

2019 FEB 22 PHIZ: 40



COVER LETTER

то:	Registration Section Division of Corporations	. •		
	·			
SUBJ	JOVIMIA LLC ECT:			
	Nan	ne of Limited L	iability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	
Please	return all correspondence concerning th	is matter to the	following:	
Jean	-Olivier Huet			
	Name of Person		<u> </u>	
JOVI	MIA LLC			
	Firm/Company		_	
7400	SW 133rd Street			
	Address		<u> </u>	
Pine	crest FL 33156			
	City/State and Zip Code			
jeand	olivierhuet@hotmail.com			
	E-mail address: (to be used for future ann	iual report notit	ication)	
For fu	rther information concerning this matter,	, please call:		
Flor	ZENCE SAMDE	305	790-7711 	
	Name of Person		Area Code & Daytime Telep	phone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Dir P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
	Enclosed is a check for the following	; amount:		
	■ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	,
INHSI	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.

1. Na	ime of the limited liability company: JOVIMIA LLC	C	
2. (a)	jean-Oliver Huet	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	` 7800 SW 115 St		
	Pinecrest FL 33156		
	01/30/2013	L1300	00015214
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Fiducial Jade Inc		
). (a)	Registered Agent and Registered Office shown on the records of	 f the Florida Dept. o	f State:
	990 Biscayne Blvd		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Office 701		~
	Miami , Fi	L ³³¹³²	2019 FEB 22 PM 12: 14 B
(b) د	Jean-Olivier Huet		FEB 22 PN 12: LIB
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	70 P
	7400 SW 133rd Street		71 083 71 083
	NEW Registered Office Address:		
	Pinecrest	. 33156	
	, FI	L	
the chargent was/we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization of the operating agreement of the	f the registered of iability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in company.
(_	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations 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 in this e performance of ed for in Chapter hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		