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| (Requestor's Name) |
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| (Address) |
| (Addiess) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: J & E LIEN, LLC Name of Corporation |
| DOCUMENT NUMBER: |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| PRIC J. GOHEZ Name of Contact Person J & E LIEN, LLC Firm/Company 1570 SOPERA AVENUE Address |
| CORAL GABLES & 33134 AR B TI City/State and Zip Code |
| Firm/Company 1570 SOPERA AVENUR Address CORAL GABLES R 33134 FET TO THE City/State and Zip Code ECOMEZ OF ESSC FL: COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| For further information concerning this matter, please call: |
| Name of Contact Person at (305) 553 - 5457 Area Code & Daytime Telephone Number |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida. | |
|---|---|
| 1. The name of the corporation: J & E LIEN LIC | _ |
| 2. The principal office address: 11231 NW 20 STREET #168 | |
| MIANI FZ 33172 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 1/30/13 Document number: L13000 1524 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | |
| 1570 SOPERA AVENUE | |
| CORAL SABLES, FZ 33134 | |
| | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| 11231 NW 20 STREET ALIGN F | |
| MIANI E 33172 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| P.O. Box NOT acceptable | |
| $oldsymbol{arphi}$ | |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. | |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. | |
| Signature of an officer or director Frinted or typed name and title | |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | |
| Signature of Registered Agent 11/26/13 Date | |
| If signing on behalf of an entity: | |
| THE CIEN UC. Typed or Printed Name | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *