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COVER LETTER .

* Division of Corporations			
SUBJECT: JACK GRO 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:		
DAVID MAGNANC Name of Person			
2 HMC7SVVOOD PI	21UÉ		
TAYERALL MA (21 & 30		
HAWMITILL, MA OI City/State and Zip Code	830		
E-mail address: (to be used for future annual			
For further information concerning this matter, p	lease call:		
Name of Person	at (727) S80-7290 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 a	Enclosed is a check for the following amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (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.

	····	
L. Nai	ame of the limited liability company: JAZK 62001	, LLC
2. (a)	2 HARTSVVOOD DRIVE (b) Z	HARTSVVOOD DRIVE
	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(<u>Note: MAY BE POST OFFICE BOX)</u> WLYZHIL MA UIKBU
	HAVERHILL, MA @ 01830 I-V	WORHILL, MA 01830
	3/27/2013 LI	3000045269
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	DAYID MAZNANO	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
	16740 INY LAKE DRIVE	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	ODESSA FL 3355	6 EA 8
(b)	MICHELLE R. CHAMPION, ESO.	AIRSSEELED
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- 55 E
	1990 MAIN STREET, STE 750	PM D
	NEW Registered Office Address:	
		77
	C10.1(0 T1 7177	
	SARASOTA FL 3423	<u> </u>
If the li	limited liability company is not organized under the laws of the State o	f Florida, it is hereby confirmed that after
the chai	ange or changes are made, the Florida street address of the registered o will be identical. Or, in the case of a Florida limited liability company,	ffice and the business office of the registered
was/we	ere authorized by an affirmative vote of the members of the limited lial	oility company or as otherwise provided in
the artic	icles of organization or the operating agreement of the limited liability	company. MMG/U/AVO
Signati	starte of p member or authorized representative of a member	Printed or typed name of signee
provisie the obli to mere	by accept the appointment as registered agent and agree to act in this ions of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter ely reflect a change in the registered office address. I hereby confirm to a providing of this change.	capacity. I further agree to comply with the my duties, and I am familiar with and accept
Signatur	are of Registered Agent	