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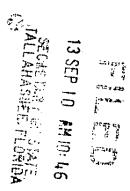
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section
Division of Corporations

🛭 \$25 Filir	ng Fee	□ \$55 Filing	Fee & Certified Copy	
Enclosed i	s a check for the fo	llowing amount:		
	tive Center Circle , Florida 32301	Tallahassee,	Florida 32314	
Clifton Buil	ding	P.O. Box 632	27	
	Corporations	Division of C		
STREET/C Registration	OURIER ADDRES	S: MAILING A Registration S		
	Palvel e of Person	at (786) 37	// - 920年 & Daytime Telephone Number	<u></u> г
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For further information	ation concerning thi	s matter, please call:	夏雨	on.
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MELBOU	2NE FL City/State and Zip Code	32902	ئے سام ہیں حوز	S S S
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Po 301	246			
1/4e 3	2a/00d Place Firm/Company			
71 . C	- 1 d Place			
	Name of Person			
Karine	Paturel Name of Person			
1.4	~ 1 1			
Please return all co	orrespondence conce	rning this matter to the follo	wing.	
•		_		e.
The enclosed Regi	stered Agent/Regist	ered Office Change and fee(s	s) are submitted for fili	no
Dear Sir or Madan	n:			
	Nar	ne of Limited Liability Comp	pany	
SUBJECT:	JPMAK,			

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

(Note: MUST BE STREET ADDRESS)

MELBOURNE, FL

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

APRIL 22, 2013

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Agent:

Karine Paturel

Registered Office Address:

3319 Kirkland Rd
PALM BAY JEL 32905

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

558 Oxford Ave.

NEW Registered Office Address: 558 Oxford AVE.

(MUST BE FLORIDA STREET ADDRESS) MELBOURNE ,FL 32935

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 of the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 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 limited liability company has been notified in writing of this change.

Signature of Registered Agent

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