L13000 019404

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

Office Use Only



000250764560

08/19/13--01009--008 **25.00

:3 AUG 19 PH 12: 2

CINISION OF CHARLOS AFIONS

AUG 2 0 2013 T. MASSPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jumi Rai, 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:		
Michelle Dupin Name of Person		
Jumi Kai, LLC Firm/Company		
PO Box 328393 Address		
Pt. Lauderdale, FL 33332 City/State and Zip Code		
Sales. jumikai@gmail.com E-mail address. (to be used for future amual report notification)		
For further information concerning this matter, please call:		
Michelle Dupin at (954)	260 - 7506 ea Code & Daytime Telephone Number	
Registration SectionRegistrationDivision of CorporationsDivisionClifton BuildingP.O. F.	LING ADDRESS: tration Section ton of Corporations Box 6327 nassee, 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 608.416 or 608.508, 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. Jumi Kai, LLC 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L13000069604 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 Office Address: mbroke Pines, F (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: N. Commerce Parkway **NEW** Registered Office Address: (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 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 the 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;

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

Signature of Registered Agent