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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JN Solutions, LLC		
		e of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	is matter to the	following:
Dena	a La Porta		
	Name of Person		_
ZenE	Business PBC		
	Firm/Company		
5900	Balcones Drive, Suite 5000		
	Address		
Austi	in, TX 78731		
	City/State and Zip Code		
dena	@zenbusiness.com		
	E-mail address: (to be used for future ann	ual report notif	ication)
For fu	rther information concerning this matter.	please call:	
Dena	a La Porta	512 at (237-7349
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	□ \$:	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	ame of the limited liability company: JN Solutions, I	LLC					
2. (a)	12974 Bliss Loop	(b)	12974 B	liss Loop			
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,		lailing address of limi (Note: MAY BE PC			•
	Bradenton, FL 34211	_	Bradento	on, FL 34211	_		
		_					<u>_</u>
	11/07/2013	_	L1300015	56636			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.					
J. (u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	:	Ξ.,	2929 NOV 13	.10 C M P P P P P P P P P P P P P P P P P P
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>			×	, pa.,01
	5575 S. SEMORAN BLVD, SUITE 36						
	ORLANDO	32822				PM 5:	مسد م
d.)	Registered Agents Inc.				-	: :- :3	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ode	lross:				
	and the or the control of the contro	Jinet auc	ireas.				
	NEW Registered Office Address:						
	7901 4th St N, Suite 300						
	St. Petersburg	22702					
	FL.	33702					
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he regis bility co the lim	tered office mpany, it is ited liability	and the business hereby confirmed company or as of	office of d that the	the reg	gistered e(s)
ls/	Iacquelyn Wilkinson	Jac	quelyn Wi	lkinson, <mark>M</mark> emb	er		
Signa	acquelyn Wilkinson ture of a member or authorized representative of a member			Printed or typed nam	e of signe	ť	
provisi the obl to mer	by accept the appointment as registered agent and agre fons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	ve to act performa for in C ereby co	in this capa ince of my a hapter 605, infirm that t	city. I further ag luties, and I am fa F.S. Or, if this a he limited liabilit	ree to co miliar w locument v compa	omply w eith and t is bein ny has i	ith the accept ig filed been
Signatu	re of Registered Agent						