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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE JMJ CLUTCH ENTERPRISES LLC

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## 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.

(a) _	549 NW 28th Street	(b) 549 NW 28th Street						
(47 _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
	MIAMI, FL 33127	<del></del>	MIA	AMI, FI	L 33127		····	
	01/28/2014		L140	000153	351			
	Date of filing/registration in Florida	4.			Document	number		
(2)	CORPORATION SERVICE COMPANY							
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 HAYS ST.				e:	SECRLIVERY OF STATE TALLAHASSEE, FL	2020 FE	****
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	AFIAS	B 10	Carry L. C.
	TALLAHASSEE ,, FL	3230±		••••	_	OEE, R	PM 12:	Ö
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:				<del></del>	ATE	-	
	7901 4th St N STE 300			•				
	NEW Registered Office Address:			_	<del></del>			
	St. Petersburg, FL	33702			_			
iange gent v	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the register ability of the limited	ne Statered of compainted diabil	ince ar my, it i liabili lity coi	is hereby co ty company	nfirmed that	he cha	nge(s)
	Rilly Pak	R	lley Pai	rk	n-ii	mad same of sie	nnee .	
	sture of a member or authorized representative of a member		_		•	yped name of sig		iels else
rovis he ob o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to o perfor ed for it hereby	nci in ti mance Chap confir	nis cap of my oter 60 rm thai	duties, and 5, F.S. Or, the limited	lam familian I am familian if this docume liability comp	with a ent is be	nd acce eing file is been

Signature of Registered Agent