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## **COVER LETTER**

**£**\*3.

Registration Section

TO:

INHS18 (2/14)

Division of Corporations					
JG CPA LLC	JG CPA 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 n	matter to the following:				
Jack Greenman					
Name of Person					
JG CPA LLC					
Firm/Company					
6000 Island Blvd. Apt 2208					
Address					
Aventura, FL 33160					
City/State and Zip Code					
jack@jg-cpa-llc.com					
E-mail address: (to be used for future annual	l report notification)				
For further information concerning this matter, ple	ease call:				
Jack Greenman	954 609-3302				
Name of Person	Arca 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 an	mount:				
■ \$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 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

(a)	Jack Greenman	(b) Jack (	Greenman	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	6000 Island Blvd	6000	sland Blvd	
	Aventura, FL 33160	Avent	ura, FL 33160	
	05/16/2014	L14000	079977	
	Date of filing/registration in Florida	4.	Document number	
(a)	Corporate Creations Network, Inc.			
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	Corporate Creations Newtowrk, Inc.		ALC: <b>5</b>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	11380 Prosperity Farms Road #221E		15 OCT 19	
	Palm Beach Gardens , F	<sub>L</sub> 33410	THE P IT	
(b)	Jack Greenman		- LORIDA	
` ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	<del>_</del>	
	Jack Greenman			
	NEW Registered Office Address:		·····	
	6000 Island Blvd			
	Aventura	<sub>L</sub> 33160		

Jack Greenman
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Signature of a member or authorized representative of a member

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 605, 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