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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ							
	Nan	ne of Limited L	iability Company				
Dear S	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:							
Joel I	Miller						
	Name of Person		_				
Attori	ney						
	Firm/Company		_				
820 V	V. Jackson Blvd; Suite 650						
	Address						
Chica	ago, IL 60607						
***************************************	City/State and Zip Code		_				
jmille	r@accessoneinc.com						
E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter	, please call:					
Joel I	Miller	312 at (441-9906				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:				
	Registration Section		egistration Section				
	Division of Corporations		vision of Corporations				
	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	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.

JTYMIA CC LLC	((b) JTYMIA CC LLC		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	1	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
1516 Washington Avenue		2004 Fo	x Drive; Suite J	
Miami Beach, FL 33139		Champa	ign, IL 61820	
May 29, 2014		L1400008	36032	
Date of filing/registration in Florida	4.		Document number	
Scott Miller				
Registered Agent and Registered Office shown on the records of	- 9:			
Scott Miller				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			7	
1250 West Avenue; Apt 12(G)				
Miami Beach ,FL	33139		22 / 22 / SEE	
Scott Miller				
Enter name of NEW Registered Agent and/or NEW Registered	7: 23 LORIDA			
Scott Miller			₩ *	
NEW Registered Office Address:				
6740 Lago Vista Ter.			-	
Boca Raton , FL	33433	ļ	_	
nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of organization or the operating agreement of the sure of a member or authorized representative of a member	the reg ability of the lin limited	istered office ompany, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee	
	Note: MUST BE STREET ADDRESS 1516 Washington Avenue Miami Beach, FL 33139 May 29, 2014 Date of filing/registration in Florida Scott Miller Registered Agent and Registered Office shown on the records of Scott Miller Registered Office Address (MUST BE FLORIDA STREET) 1250 West Avenue; Apt 12(G) Miami Beach Scott Miller Enter name of NEW Registered Agent and/or NEW Registered Scott Miller NEW Registered Office Address: 6740 Lago Vista Ter. Boca Raton FL mited liability company is not organized under the lawning or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members of the case of a Florida limited limited of the sutherized by an affirmative vote of the members of the suffernity of the proper and complete in gations of all statutes relative to the proper and complete igations of my position as registered agent as provide eignt on the registered agent as provide in the registered office address.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1516 Washington Avenue Miarni Beach, FL 33139 May 29, 2014 Date of filing/registration in Florida 4. Scott Miller Registered Agent and Registered Office shown on the records of the Florid Scott Miller Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1250 West Avenue; Apt 12(G) Miami Beach ,FL 33139 Scott Miller Enter name of NEW Registered Agent and/or NEW Registered Office and Scott Miller NEW Registered Office Address: 6740 Lago Vista Ter. Boca Raton ,FL 33433 mited liability company is not organized under the laws of the rigg or changes are made, the Florida street address of the registle be identical. Or, in the case of a Florida limited liability or an affirmative vote of the members of the limited of organization or the operating agreement of the limited was of all statutes relative to the proper and complete performingations of my position as registered agent and agree to accome of all statutes relative to the proper and complete performingations of my position as registered agent as provided for in vertice of a change in the registered office address, I hereby of the proper and complete general parts of the proper and complete gen	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1516 Washington Avenue 2004 Fo Miami Beach, FL 33139 Champa May 29, 2014 L1400006 Date of filing/registration in Florida 4. Scott Miller Registered Agent and Registered Office shown on the records of the Florida Dept. of State Scott Miller Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1250 West Avenue; Apt 12(G) Miami Beach Scott Miller Enter name of NEW Registered Agent and/or NEW Registered Office address: Scott Miller NEW Registered Office Address: 6740 Lago Vista Ter. Boca Raton FL 33433 mited liability company is not organized under the laws of the State of Floride identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability coles of organization or the operating agreement of the limited liability consults of the proper and complete performance of my operating agreement of the limited liability consults of the proper and complete performance of my operating of my position as registered agent as provided for in Chapter 603 digrifunces of my position as registered agent as provided for in Chapter 603 digrifunces of the registered office address. I hereby confirm that	