L14000/07850

: (Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations					
SUBJE	CT: JGH INNOVATIONS LLC					
	Nam	Name of Limited Liability Company				
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ice Change and fe	e(s) are submitted for filing.			
Please r	return all correspondence concerning the	is matter to the fol	llowing:			
JOSE	PH HOFFMAN					
	Name of Person	· · · · · · · · · · · · · · · · · · ·				
JGH II	NNOVATIONS LLC					
	Firm/Company					
12820	GOLDENROD ST.		·			
	Address					
NEW	PORT RICHEY, FL 34654					
	City/State and Zip Code					
	FF52@GMAIL.COM					
E-	mail address: (to be used for future ann	ual report notifica	tion)			
For furt	her information concerning this matter,	please call:				
JOSEI	PH HOFFMAN	727 at (534-4099			
	Name of Person	A	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divís P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	□ \$25 Filing Fee	6 \$55 l	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 Florida.

2. (a) _	12820 GOLDENROD ST, Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) NEW PORT RICHEY, FL 34654		(b) 12820 GOLDENROD ST		
			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			NEW PORT RICHEY,FL 34654		
	JULY 09, 2014				
3.	Date of filing/registration in Florida	_	Document number		
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY Registered Office Address (MUST BE FLORIDA STREET)		Dept. of State:		
	1201 HAYS ST.		-i .		
	TALLAHASSEE, F	32301	SECRE AH		
(b)	JOSEPH HOFFMAN		HASSE	THE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	·		
	JOSEPH HOFFMAN		4: 06 STATE FLORIU		
	NEW Registered Office Address:		DE O		
	12820 GOLDENROD ST.				
	NEW PORT RICHEY	34654			
the cha agent was/we the arti	mited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the large of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I	f the registe ability com of the limite limited lia JOSI	ered office and the business office of the regist npany, it is hereby confirmed that the change(sed liability company or as otherwise provided ability company. EPH HOFFMAN Printed or typed name of signee	ered) in	

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

12-30-14