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SECRETARY OF STATE

K. SALY MAY -8 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 180	EpsibloH US	t Leasing Lle ited Liability Company	
	Name of Lim	nited 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 matter to the following:			
Jorge	Sesilez Name of Person		
	Firm/Company	 	
1030 NW 161 AUR Address			
Pembroke Pines, Fl. 33028 City/State and Zip Code			
TORGEBNTZ 70 GMAIL. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please:call:			
Toege	Sewitez at (746) 262-3526 Area Code & Daytime Telephone Number	
STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Fl	JRIER ADDRESS: action reporations g c Center Circle orida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	theck for the following amount		
\$25 Filing F	ee	□ \$55 Filing Fee & Certified Copy	

INHS18 (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.

t the state of the			
1. Name of the limited liability company: JBEN HOLDINGS & Leasing, L	LC		
2. (a) MARIA BRUITEZ (b) JORGE Revitez			
Principal office address of limited liability company: Mailing address of limited liability company:			
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)			
1030 NW 16/Ave (SAME)			
Pembroice Pines, F1. 3302+			
6/16/16 216000116241			
3. Date of filing registration in Florida 4. Document number			
5. (a) Lourdes Corso PA			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
14750 NW 77th CT Miami Lakes, Rl. 33016			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
7 2			
. Pri	وسع		
.FL			
	-		
The state of the s	m		
Enter name of NEW Registered Agent and/or NEW Registered Office address:	_		
70			
Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Office Address:			
1030 NW/6/Are			
(Jen broke tives FL 330216			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after			
the change or changes are made, the Florida street address of the registered office and the business office of the register	ered		
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in			
the articles of organization or the operating agreement of the limited liability company.	"		
Trong Parter			
Signature of a member or authorized representative of a member Printed or typed name of signee			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepted about the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fut to merely reflect a chapte in the registered office address, I hereby confirm that the limited liability company has been partitive of the chapter of the chap	the cept led		
notified in writing of this change.			
Signature of Registered Agent			
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00			