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Tuesday, October 10, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Division of Corporations

Please find enclosed three separate applications for amendments and their respective forms of payment. Specifically,

- 1. Amendment Application for Mignott & Associates, P.A. \$35.00
- 2. Registered Agent Amendment Form for Alma Rosa & NJR Ventures, LLC \$25.00
- 3. Registered Agent Amendment for NJR Ventures, LLC \$25.00.

Sincerely.

MIGNOTT LAW, P.A. Attorney of Record

By: Lamont Mignott, Esq. Telephone: (305) 420-5591 Fax: (786) 636-3669

Email: lamont@miglegal.com

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.

1. Na	Name of the limited liability company: ALMA ROSA & NJR VENTURES, LLC			
2. (a)	ALMA ROSA & NJR VENTURES, LLC		(b) ALMA ROSA & NJR VENTURES, LLC	
~. (<i>a</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	19498 NW 14th Street		19498 NW 14th Street	
	Pembroke Pine, FL 33029		Pembroke Pines, FL 33029	
	09/27/2016		L16000180514	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
, ,	Registered Agent and Registered Office shown on the records o GUSTAVO ARANGO	f the Flori	ida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET 19498 NW 14TH STREET	`ADDRES	<u>::SS)</u>	
	PEMBROKE PINES	33029	<u> </u>	
(b)			7 0 C 286 247	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	address: SS	
	MIGNOTT LAW, P.A.		address: AM 7. 45	
	NEW Registered Office Address:	ORIAL PLANT		
	15715 SOUTH DIXIE HIGHWAY STE 211	50 S		
	MIAMI F	լ <mark>3315</mark>		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the regliability of the limited	the State of Florida, it is hereby confirmed that after egistered office and the business office of the register company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in	

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.

Printed or typed name of signee

Signature of Registored Agent

Signature of a member or authorized representative of a member