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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JMA Fueling 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 matter to the following:
Jorge Gaspar Guzman
Name of Person
Firm/Company
7179 W 33RD LN
Address
Hialeah
City/State and Zip Code
jmafueling@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge Gaspar Guzman 785 461-3014
Name of Person Area 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 amount:
□ \$25 Filing Fee □ \$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.

1. Na	nme of the limited liability company:JMA Fueling	LLC				
2. (a)	7179 W 33RD LN Hialeah, FL 33018	_ (b)	7179 W	33RD LN Hialea	h, FL 33018	_
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		dailing address of limiter (Note: MAY BE POS		y:
	09/15/2017	l	_1700019	02651		
3.	Date of filing/registration in Florida	4.		Document number	_	
5. (a)	Jorge Gaspar Guzman					
, ,	Registered Agent and Registered Office shown on the records o 7179 W 33RD LN Hialeah, FL 33018	f the Florida	Dept, of State	:	17 C	
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)			17 OCT 17	1
	,F	L			? 유	1,1
(b)	Jorge Gaspar Guzman				် သ - ?	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress;			
	NEW Registered Office Address:					
he cha igent v vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill 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	of the regist inbility cor of the limited lin	State of Flo ered office upany, it is ted liability ability com	and the business of hereby confirmed the company or as other pany.	fice of the regis hat the change(erwise provided	stered (s) d in 5 %
			ORGE	Printed or typed name o	GUZMA	M
Signat						
novisa he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I i mariting of this change.	gree to act i e performa ed for in Ci hereby coi	in this capa nce of my a hapter 605, ufirm that t	city. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c	to comply wit diar with and a ument is being company has be	h the iccept filed een
Signan	et Agent					