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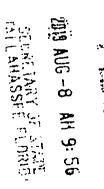
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JP CAPITAL HOLDINGS 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:
JABARI PRICE Name of Person
P CAPITAL HOLDINGS LLC Firm/Company
4855 NW 55th Pl Address
TAMARAC FL 33319 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JABARI PRICE at (305) 901 - 920 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 \$\Bigcup \$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	me of the limited liability company: JP CAPITAL HOLDINGS LLC	
2. (a	ı)	JABARI PRICE (b) NOARI PRICE	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		4855 NW 55 th P1 4855 MAI 55 th P1	
		7000 14 00 17 100 00 100 00 17 233161 man man con Ft 233161	
		TAMARAC FL 33319 PAMARAC, FL 33319	
		11/22/17	
3.		Date of filing/registration in Florida 4. Document number	
5, (a)	MOARI YRICE	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		Yompano Beach, FL 33069 體書	
		FL	
(t)	JABARI PRICE	
·	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	Į	4855 NW OJ PI	
		NEW Registered Office Address:	
		TAMPOAC 333101	
		FL	
		mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered	
agen	l W	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in	
the a	rti	cles of organization by the operating agreement of the limited liability company.	
Sig	nat	ure of a member of authorized representative of a member Printed or typed name of signee	
Lhou	1		
Thereby accept the appointment as registered agent and agree to act in this capacity. I juriner agree to comply with the provisions of all stabiles relative to the prover 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.			
notif	10	in writing of this change.	
Signa	ıtuı	re of Registared Agend	
.		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
		FILING FEE: \$25.00	