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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Jmiz Web Services LLC					
Name of Limited Liability Company						
Dear Si	r or Madam;					
The end	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please r	return all correspondence concerning th	is matter to the	following:			
Jason	ı Mizrahi					
	Name of Person					
	Firm/Company					
382 N	IE 191ST STREET #31084					
	Address					
МІАМ	II, FL 33179					
	City/State and Zip Code					
clearri	iverassociates@gmail.com					
E-	-mail address; (to be used for future and	ual report noti	ication)			
For furt	ther information concerning this matter.	please call:				
Jason	Mizrahi	201	741-4784			
	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	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Ilahassee, Florida 32314			
Enclosed is a check for the following amount:						
	24 \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHSTS	8 (2/14)					

STÄTEMENT 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.	Name of the limited liability company: Jmiz Web Services LLC							
2	(a)	Jmiz Web Services LLC	(b) Jmiz Web Services LLC					
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		25 Craig Road		382 NE 1	19ST STREET # 31084			
		Hillsdale, NJ 07642	_	МІАМІ. F	L 33179			
		06/29/18	_	L1800015	59787			
3.		Date of filing/registration in Florida	4.	-	Document number			
5	(a)	Timothy Hartmann						
	(/	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	:			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS.	1				
		382 NE 19th Street #31084		<u> </u>				
		Miami Ft 3	33179					
		Jason Mizrahi			SECR VALL			
(b) Sasor William Enter name of NEW Registered Agent and/or NEW Registered Office address								
					FILED JUL-9 AF LLANASSEE.F			
		NEW Registered Office Address:			AN 9: 58			
		382 NE 19th Street #31084			F 58			
					- a			
		Miami FL ³	33179					
the ag	e cha ent v is/wo	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of clay of organization or the operating agreement of the li	he regis pility co the lim imited l	tered office mpany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
Signature of a member or authorized representative of a member					Printed or typed name of signee			
In pro the to no	herei ovisi z obl merc tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this change.	e to act erform for in C reby co	in this capa ince of my a hapter 605, infirm that i	-			