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COVER LETTER

TO:	Registration Section Division of Corporations							
SURI	J & M NATIONWIDE LLC Name of Limited Liability Company							
ЭСБ								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the fo	llowing:					
MAR	ISOL CAMACHO							
	Name of Person							
J & N	NATIONWIDE LLC							
	Firm/Company							
1484	NW 113 WAY							
	Address							
PEM	BROKE PINES, FLORIDA. 33026							
	City/State and Zip Code							
cama	achojuan@hotmail.com							
I	E-mail address: (to be used for future and	ual report notifica	tion)					
For fu	rther information concerning this matter	, please call:						
MAR	ISOL CAMACHO	786	389-6318					
	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	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314					
	Enclosed is a check for the following	gamount:						
	S25 Filing Fee	\$55	Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

Name of the limited liability company: J & M NATIONWIDE LLC

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) O9/26/2018 L18000228278 3. Date of filling/registration in Florida 4. Document number Signature of a Membras are made, the Florida street address of the Florida Dept. of State: FL	2. (a)		(b))				
3. Date of filing/registration in Florida 4. Document number 5. (a) JUAN C CAMACHO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL	- (,)	• • • •			•	~		
3. Date of filing/registration in Florida 4. Document number 5. (a) JUAN C CAMACHO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL								
5. (a) JUAN C CAMACHO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		09/26/2018	l	_1800022	8278			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	3.	Date of filing/registration in Florida	4.		Document number			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address	5 (a)	JUAN C CAMACHO						
(b) MARISOL CAMACHO Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: FL If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that aft the change or changes are made, the Florida street address of the registered office and the business office of the registagent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changed was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company. MARISOL CAMACHO Signature of a member of authorized representative of a member Printed or typed name of signee	J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
MARISOL CAMACHO Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: NEW Registered Office Address: FL If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that aft the change or changes are made, the Florida street address of the registered office and the business office of the registagent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changed was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company. MARISOL CAMACHO Signature of a member of authorized representative of a member Printed or typed name of signce		Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>					
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NEW Registered Office Address: . FL	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ma Dij		(T)	
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	· 		MAF					
- I kereby accept the hypointment as registered agent and agree to act in this canacity - I further agree to comply wit	_				••	-		
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.	provisi the obl to merc	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I thin writing of this change.	ree to act e performa ed for in C hereby co	in this capa ince of mv d hapter 605, nfirm that ti	icity. I further agree that further, and I am familion, F.S. Or, if this document in the limited liability con	o comp ar with ment is mpany	oly with the and acce being file has been	
Signature of Registered Agent	Signatu							