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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Take Muycia Name of Person	
Firm/Company	
3576 50th Ave N. St. Petersburg	
City/State and Zip Code	
E-mari address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{\bar	
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: See Section 1 Section 2 Section 2 Section 3 Secti	

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.

L Na	lame of the limited liability company:	JYPRYS	11			
2. (a)	OFTI THE HID N	(b)	3.5	76 50th 0	WE N.	
	Principal office address of limited liability company:			iling address of limite		
	(Note: MUST BE STREET ADDRESS)			Note: MAY BE POS	T OFFICE	BOX)
	St. Noto30/4d . T. 35/14		<u>S</u> .	PETERSON		55/14
			•	\) ' -	ŕ
						
	0/ 1/3/1/3		1/1/1	MANORE'DO		-11
-	Date of filing/registration in Florida		- <i>-</i> <i>-</i> <i>'</i>	0000 Mad	ناحا	- Paris and - Pari
3.	Date of thing/registration in Profida	4.	D	ocument nu hl ber` 	=	1
5. (a)	, Melvin (24/1848)			ـــاــــ قيا	\triangleright	
	Registered Agent and Registered Office shown on the records of the I	Florida Dept.	of State:		ج	\cup
				DRIB)	5 q	
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)		_	_	
	7576 Sith we N.					
	Sl. Dobavola co	21-11				
		_ <u>}</u> _{\				
	take Murcia					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ico address:				
	Taker name of Anna Registered Agent and on Anna Registered Offi	ice audress.				
	NEW Registered Office Address:					
	3:5710 toth min M					
	<u> </u>					
	Cl Valorely wed	27-71	1			
	31, 7672156111 A	<u> </u>				
If the l	limited liability company is not organized under the laws of	of the State	of Flori	da, it is hereby co	nfirmed th	nat after
	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil					
was/w	ere authorized by an affirmative vote of the members of th	e limited I	liability o	company or as oth		
the art	ticles of organization or the operating agreement of the lim	ited liabili	ty compa	any.		
	Milw Jattory		YYEL)	in OTHE	1799	
-	ature of a member of authorized representative of a member	_	, ф	rinted or typed name o	of signce	
- Lhere provisi	thy accept the appointment as registered agent and agree to tions of all statutes relative to the proper and complete per	to act in th formance (is capac. of my du	ity. I further agre ties, and I am fam	e to comp iliar with	ly with the and accept
the obj	tions of all statutes relative to the proper and complete per digations of my position as registered agent as provided fo rely reflect a change in the registered office address. I here	r in Chapt by confirm	ér 605. I n that th	S. Or, if this doc United liability of	cument is	being filed has been
notifie	ed in writing of this change.			· · · · · · · · · · · · · · · · · · ·		

Signature of Registered Agent