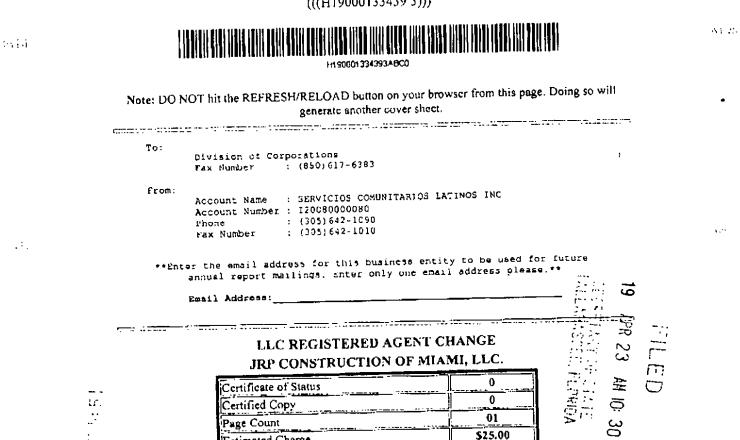


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001334393)))



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COVER LETTER

TO: Registration Section Division of Corporations	
JRP CONSTRUCTION OF MIAN	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
JOHANNA D ESPINOZA	
Name of Person	
Firm/Company	
3351 NW 177 TER	
Address	
MIAMI GARDENS, FL. 33056	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
JOHANNA D ESPINOZA	305 302-1957
Name of Person	Area Code & Daytime Telephone Numbe
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 an	aount:
2 \$25 Filing Fee	\$55 Filing Fee & Certified Copy
IMHS18 (2/14)	

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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

Florida	IRP CONST	RUCTIO	N OF MIA	MI, LLC.	
	3351 NW 177 TFR		(b) 3351 NW 177 TER		
2. (a) .	Principal office address of limited limitity company: (Note: MUST BE STREET ADDRESS)	`	Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)	
	MIAMI GARDENS, FL. 33056		MIAMI GA	ARDENS, FL. 33056	
	03/20/2019			8571	
3.	Date of filing/registration in Florida	4.		Document number	
	ESPINOZA, JOHANNA D				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 11921 WALSH BLVD				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES		55	
	MIAMI , ,	FL_33184		APR 23	
(b)	ESPINOZA, JOHANNA D				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	3351 NW 177 TER	1 NW 177 TER			
	NEW Registered Office Address:				
		2205		· ;	
	MIAMI GARDENS,	FL_3305		-	
the ch agent	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	laws of the regality of the line in the limiter the limiter	e State of Flogistered office company, it i mited liabilit I liability con	s hereby confirmed that the change(s) y company or as otherwise provided in appany.	
70	pature of a member or authorized representative of a member	<u>J</u>	DHANNA C	Printed or typed name of signee	
Sign	nature of a member or authorized representative of a member			Printed of types hathe of argument with the	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper 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.

JOHNS ES PIND29
Stringfure of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)