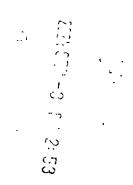
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(R	equestor's Name)
(A	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	umik
	Office Use Only



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COVER LETTER

:

TO: Registration Section Division of Corporations	
JADE 911 LLC SUBJECT:	
	f 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 m	natter to the following:
Carlos Alcocer	
Name of Person	
Jade 911 LLC	
Firm/Company	
1110 Brickell Avenue suite 208	
Address	
Miami FL 33131	
City/State and Zip Code	
johannunezr@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
johannunezr@gmail.com	305 776-8703 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	nount:
■ \$25 Filing Fee	□ \$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.

Name of the	he limited liability company:						
	1110 Brickell Avenue suite 208 Miami Fl 33131		(b) 1110 B	Brickell Avenue suite 208	Miami !	FI 33131	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO			:
03/25/2	019			982752			
	Date of filing/registration in Florida	4.		Document number			
(a) Johan N	viunez						
	ed Agent and Registered Office shown on the record	s of the Flor	ida Dept. of	State:			
848 Br	ickell Avenue suite 310				٠.	26	
Registered Office Address (MUST BE FLORIDA STREET AL		ET ADDRE	<u>22</u>)			31.5	
						ij	¢
Miami		, FL 33131				၂ လ	•
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)	CATALON IN A A A A A A A A A A A A A A A A A A	1000			-	ι. ·	•
enter na	me of NEW Registered Agent and/or NEW Regist	erea Utilice	aggress:			53	
1110 B	Brickell Avenue suite 208				• •		
<u>new</u> r	Legistered Office Address:						
——— Miami		33131					
		, FL					
nge or char nt will be is /were auth	iability company is not organized under the nges are made, the Florida street address of dentical. Or, in the case of a Florida limite orized by an affirmative vote of the membe organization or the operating agreement of	the registed d liability ars of the l	red office company, imited liab	e and the business offic it is hereby confirmed pility company or as of	e of the that the	registere change(s	S
Man	les Naga.		Car	105 Alcon	cec		
gnature of a r	member or authorized representative of a member			Printed or typed name	of signe	e	
ereby accep visions of a obligations nerely refle ified in wri	ot the appointment as registered agent and ull statutes relative to the proper and compl s of my position as registered agent as prov cct a change in the registered office address	agree to a lete perfor vided for in s, I hereby	ct in this o mance of i Chapter confirm th	capacity. I further agre my duties, and I am fan 605, F.S. Or, if this do hat the limited liability	e to co viliar w cument compai	mply with rith and a t is being ny has bei	i thi ccej filei en

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