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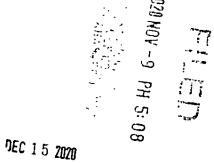
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: JPIN	Services LLC
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Joseph Tineri	^ò
Name of Person	
JPM Service e	-s LLC
2259 Spanish Address	Vistas Dr.
Dunedin Fl 3	34698
City/State and Zip Code	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matte	er, please call:
Joseph Tinerino Name of Person	at (773) SOL 3562 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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	ng amount:
⊠ \$25 Filing Fee	S55 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.

1. Name of the limited liability company: JPIN Services LLC
2. (a) 2259 Spanish Vistas Dr. (b) 12121 Little Rd #20
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Dunedin Fl 34698 Hudson Fl. 34667
11/7/2019 19000278241
3. Date of filing/registration in Florida 4. Document number
5. (a) Edgar Rivera
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10011 Tulip St. N.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Pinellus Park .FL 33782
The state of the s
(b) To seph I Mer in a Enter name of NEW Registered Agent and/or NEW Registered Office address:
fanci name of NEW Registered Agent and/or MEW Registered Write address.
Joseph Tinerinu
NEW Registered Office Address:
2239 Spanish Vistus Dr
Dunedin FL 34698
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Joseph linerino
Signature of a nember-or authorized representative of a member Printed or typed name of signee
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 statutes 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.
Signature of Registered Agent