

P01000057759

19501.W Country Club Dr. # 208
Aventura Fl. 33180

Amst 12345 \$

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

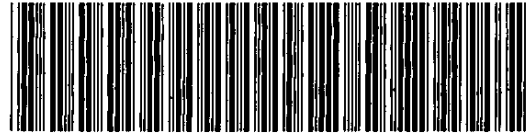
(Business Entity Name)

(Document Number)

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RA/RO/CH8
@ 12/21/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Just 1,2,3,4,5 & Corp.
(Name of Corporation)

DOCUMENT NUMBER: 701000057759

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eli Levy
(Name of Contact Person)

Just 1,2,3,4,5 & Corp
(Firm/Company)

19501 W Country Club Dr #208
(Address)

Aventura FL. 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Eli Levy at (305) 763-4351
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2007 DEC 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2007

JUST 1,2,3,4 5\$ CORP.
19501 W. COUNTRY CLUB DR. #208
AVENTURA, FL 33180

SUBJECT: JUST 1,2,3,4 5\$ CORP.
Ref. Number: P01000057759

We have received your document for JUST 1,2,3,4 5\$ CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 707A00069503

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JUST 1,2,3,4,5 \$ CORP.
2. The principal office address: 16850 COLLINS AV #113-C
SUNNY ISLES FL. 33160.
3. The mailing address (if different): 3301 PONCE DE LEON #200
CORAL GABLES FL. 33134
4. Date of incorporation/qualification: 06/06/01 Document number: PO1000057759
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

resigned 9.12.07

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ricardo Pines

3301 Ponce DE Leon #200

(P.O. Box NOT acceptable)

CORAL GABLES, FL 33134

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 DEC 21 PM 3:59

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

RAUL BRIL
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

R. TINES
(Signature of Registered Agent)

12/15/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)