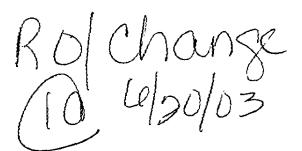
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: JOH MANAGEMENT LNC. (Name of corporation)
DOCUMENT NUMBER: <u>PO /0000 6199/</u>
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:
Alexis Afonso (Name of person)
Jam Management Luc. (Name of firm/company)
(Name of furm/company)
15957 NW 77 Th Pl (Address)
(Address)
MINHI TEKES TJ 33016 (City/state and zip code)
For further information concerning this matter, please call:
Alexis Afonso at (305) 362-5102 (Name of person) (Area code & daytime telephone number)
(Name of 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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



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, 1	Tlorida Stat	utes,
this statement of change is submitted for a corporation organized under the laws of the	State of	
Float d2 in order to change its registered office or registered agent, or b	oth, in the i	State
of Florida.	•	-
1. The name of the corporation: JAM MANAGEMEN! JNC.		
2. The principal office address: 15957 NW 777h PL		
MIBMI Jakes FL 33016		
3. The mailing address (if different): 1,900 W 5457 # 411		
HIALEAN FL 33012.	- 	
4. Date of incorporation/qualification: 6/41/01 Document number: PC	1/0000	61991
5. The name and street address of the current registered agent and registered office on fi	le with the	
Florida Department of State: Alexis Afonso - Regis Trace Aga	ext	
9034 NW 144 TEARANCE		-
MAMI Lakes FL 33018		
6. The name and street address of the new registered agent (if changed) and /or registered	istered offic	e (if
changed): Alexis Afonso - Registered Agent	7	,
15957 NW 7776 P	-	
(P.O. Box or personal mailbox NOT acceptable)	- ,	·
191AMI LIKES FJ 33016	- · ·	
The street address of its registered office and the street address of the business office cagent, as changed will be identical.	of its registe	ered
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing at the change.		
Van Alexas Alexas Alexas		
(Signature of an officer Chairman or vice chairman of the board) (Printed or typid 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 performance of my duties, and I am familiar with and accept the obligation of my post	complete	
registered tigget. Or, if this document is being filed merely to reflect a change in the roffice address, I hereby confirm that the corporation has been notified in writing of th	registered	
office appress, I hereby engirm that the corporation has been notified in writing of the	is change.	
(Signature of Registered Agent) (Date)		; -
If signing on behalf of an entity:	TAL	03
(Typed or Printed Name) (Capacity)		
* * * FILING FEE: \$35.00 * * *	IA AS	N 15
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:	SEE,	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	FES	PM 2
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