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COVER LETTER

TO: Amendment S Division of C				
SUBJECT:	JACKODA A/C Name of Corpo	Coff.		
DOCUMENT NUM	BER: P 04000 1397	<i>90</i>		
The enclosed Stateme	ent of Change of Registered Office/Ag	gent and fee are submitted for filing.		
Please return all corre	spondence concerning this matter to	the following:		
	GEOR GE Name of Contac	J. SOTOMAYOR t Person		
JACKODA A/C CORP. Firm/Company				
	Firm/Comp.	any		
1701 WEST FLAGLER STREET SUITE 331 Address				
	Address			
	MIAMI , City/State and Z	PL 33/35 ip Code		
Jackoda ac 7 @ yahoo · com E-mail oddress: (to be used for future annual report notification)				
E-mail address: (to be used for luture annual report notification)				
For further information	on concerning this matter, please call:			
GEORG Name	of Contact Person a	t (<u>305</u>) <u>300</u> 0393 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 c	check made payable to the Departmer	nt 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		

Taliahassee, FL 32301

CR2E045 (8/05)

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 PLOPIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 1. The principal office address: 1. The principal office address:
2. The principal office address: 1701 WEST FLAGLER STREET SUITE 3'31 MIAMI, FL. 33/36.
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/08/2004 Document number: P04000139700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
617 NW 21 AVE SUITES
MIAMI, PL 33126
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SUITE 331 P.O. Box NOT acceptable
P.O. Box NOT acceptable MIAMI, FL. 33/35
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 effect or director 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.
Signature of Registered Agent 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

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