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COVER LETTER

TO:	Amendment Sec Division of Corp					
SUBJ	ECT:	Just Investme Name of C	ents, Inc.			
DOCI	UMENT NUMBE	r: P05	000041801			
The er	nclosed Statement	of Change of Registered Offic	e/Agent and fee are submi	tted for filing.		
Please	return all correspo	ondence concerning this matte	r to the following:			
		Malcolm	Anthony			
		Name of Co	ntact Person			
	Just Investments, Inc. Firm/Company					
		1 11111/01	ompany			
		572 Ponte Ved	ra Blvd. Suite 1			
			ress			
		Ponte Vedra Be	each, FL 32082			
		City/State a	nd Zip Code			
		malcolm@malco	lmanthony com			
	E-ma	nil address: (to be used for f		fication)		
For fu	rther information of	oncerning this matter, please	call:			
	Males	olm Anthony	004	205 4520		
		olm Anthony Contact Person	at (904) Area Code & Dayt	285-4529 ime Telephone Number		
				·		
Enclos	sed is a \$35.00 che	ck made payable to the Depar	tment of State.			
	-	Mailing Address: Amendment Section	Street Address Amendment S	<u>:</u> ection		
		Division of Corporations	Division of Co			
		P.O. Box 6327	Clifton Buildi			
		Tallahassee, FL 32314		e Center Circle		
			Tallahassee, F			

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 Investments, Inc.	
2. The principal office address: 572 Ponte Vedra Blvd. Suite 1, Ponte Vedra Beach, FL 32082	
3. The mailing address (if different):	
4. Date of incorporation/qualification: March 18, 2005 Document number: P05000041801	
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)	
Malcolm Anthony, P.A.	
4 Sawgrass Village, Suite 230B	
Ponte Vedra Beach, FL 32082	
Ponte Vedra Beach, FL 32082 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Malcolm Anthony, P.A. 572 Ponte Vedra Blvd., Suite 1 P.O. Box NOT acceptable	-11 F(
Malcolm Anthony, P.A.	ン 3
572 Ponte Vedra Blvd., Suite 1	<u> </u>
P.O. Box NOT acceptable	i
Ponte Vedra Beach, FL 32082	
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.	
Mulcolm Anthony, Director Signature of an officer 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.	?
Molele A June 3, 2009	
Signature of Registered Agent If signing on behalf of an entity:	
Typed or Printed Name	

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