POS000112316

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

MRI.

COVER LETTER

TO: Amendment Division o	nt Section f Corporations			
SUBJECT:	JSPIRAL, INC	oration)		
DOCUMENT NUMBER: P05000112316				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all co	prrespondence concerning this matter to	the following:		
	Victor V. Vei (Name of Contage	69		
	(Name of Contac	(Person)		
TSPIRAL, INC				
•	(Firm/Comp	pany)		
	2550 SW 27#	Ave #705		
_	(Address	s)		
	(Address FL (City/State and 2	33133		
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Vidor	V. Veiga ame of Contact Person)	at (305) 6094812 (Area Code & Daytime Telephone Number)		
(Name of Contact Derson) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

TO:

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

statement of char	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz ir to change its registered office or register	ted under the laws of the State	of FL
1. The name of the	the corporation: JSP IRAL, 11	VC.	
2. The principal	office address: 2550 SW27	4 Ave #705 33/33	
3. The mailing ac	address (if different): 08/12/26	105	
4. Date of incorp	poration/qualification: 08/12/200	75 Document number: PC	75000 HZ34
Florida Depart	d street address of the current registered agestment of State:	•	e with the
	3084 SW 27th An	ign	_ ₹∵ G
	30848W 277 AN	e#35	F. 9.7
	Miam, 7L 331	733	L 27
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered	
(Victor V. Veiga		ORIDATE
	2550 SW 27th A	ve#705	
	Mami, FL 331	3 <i>Ъ</i>	
The street addre	ess of its registered office and the street a be identical.	ddress of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by itsed in writing of the change	y an officer so
(Signal)	ure of an officer of director)	Victor V. V. (Printed or typed name	eng G
I hereby accept a further agree to of my duties, and document is being corporation has	the appointment as registered agent and to comply with the provisions of all statu id I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and gation of my position as regis registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
Alle	gnature of Registered Agent)	07/20/	2006
0	chalf of an entity:		
- Ingle	Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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