## 05000119315

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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S. TALLENT OCT 1 7 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2016

NOEMI BETANCOURT 7350 SW 89 ST. APT. 1401 MIAMI, FL 33156

SUBJECT: J & M SIBLINGS, INC. Ref. Number: P05000119315

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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) 245-6050.

Susan S Tallent Regulatory Specialist II

Letter Number: 516A00018756

ेक्प्राची प्रदेश के तबके का इतक हर जा लड़ा है। हुई लाई कर

## **COVER LETTER**

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TO: Amendment Section Division of Corporations			
SUBJECT: JSM SIBLINGS, INC.  Name of Corporation			
DOCUMENT NUMBER: P 05 000 /19 3/5			
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:			
NOEMI BETANCOURT  Name of Contact Person			
Firm/Company			
7350 SW 89 ST. APT. 1401 Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Noemi Betancourt at 305, 753-4424  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  Street Address:  Amendment Section  Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

## 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 <u>FLOR</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: JSM SJB(INGS, INC
1. The name of the corporation: JSM SJBLINGS, INC  2. The principal office address: 7350 SW 89 57. APT. 1401  MIAMI FL 33156
MIAMI FL 33156
3. The mailing address (if different):
4. Date of incorporation/qualification: 08 26 2005 Document number: P05000 119315
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)
ESTHER E. ROSADO
ESTHER E. ROSADO 1581 BRICKELL AVE., APT. 1206
MIAMI FL 33/29
6. The name and street address of the new registered agent (if changed) and /or registered office
NOEMI BETANCOURT 000 00 00 00 00 00 00 00 00 00 00 00 0
P.O. Box NOT acceptable
MIAMI FL 33/56
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.
- Julia ma Rosado — Julia MA. Rosado Investigant  Signature of an officer or director — Printed or typed name and title / President
<i>y ,</i>
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 8/10/2016
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 (03/12)