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COVER LETTER

Division of Corporations		
SUBJECT: The JUSTA Home ToC (Name of Corporation)		
DOCUMENT NUMBER: PO(000049497		
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:		
Jose C. Thorra (Name of Contact Person)		
The Justa Home Inc		
13801 SW AU LChe (Address)		
Miani FL 33175 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (Name Code & Daytime Teleph	409 none 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	s	
P.O. Box 6327 Clifton Building	711-	
Tallahassee, FL 32314 2661 Executive Center C	arcie	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\boldsymbol{\cdot}$ 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: The JUSTA Home Inc
2. The principal office address: 13801 500 40 Cane MICIAL, FL 33175
3. The mailing address (if different): SOME OB CIDOVE:
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Jose C. Ibarra
3841 E 8 Ct
Holean Fl 33013
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jose C Ibarra 書籍
13801 SW 44 Lone
Miani FL 33175
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 officer or director) Tose Ibourve (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.
11707
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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