

PO7000066319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

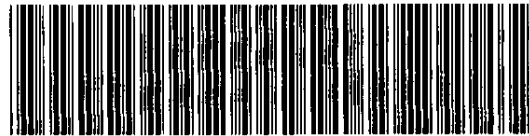
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA to City

CLERK OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 26 PM 2:33

FILED

Roberts MAY 26 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J&B ALLIANCE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P07000066319

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:

Thomas Baur  
Name of Contact Person

Baur & Klein, P.A.  
Firm/Company

100 North Biscayne Boulevard, Suite 2100  
Address

Miami, Florida 33132  
City/State and Zip Code

tbaur@worldwidelaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Baur at ( 305 ) 377-3561  
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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: J&B Alliance, Inc.
2. The principal office address: 5201 BLUE LAGOON DRIVE, 8TH FLOOR, MIAMI, FL 33126
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06-05-2007 Document number: P07000066319
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)

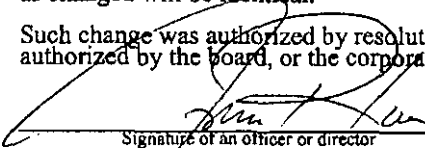
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THOMAS BAUR  
100 NORTH BISCAYNE BOULEVARD, SUITE 2100  
P.O. Box NOT acceptable  
MIAMI, FLORIDA 33132

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

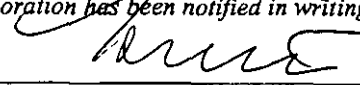
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

ARNE BLAES, PRESIDENT

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

5/24/2010  
\_\_\_\_\_  
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  
CR2E045 (8/05)