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October 30, 2007

Author's E-mail Address: ecl@langfordlawgroup.com

Amendment Section Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: JPMC CORP.

Date of Incorporation: October 26, 2007

Document No.: P07000117711

Our File No.: 9828-001

## Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Agent for JPMC CORP. along with our check in the amount of \$35.00 made payable to the Florida Department of State for the filing fee.

Should you have any questions concerning this matter, please do not hesitate to contact me.

Very truly yours,

LANGFORD LAW GROUP, P

E. C. Langford

ECL/pac Enclosures

cc:

UCC Filing & Search Services, Inc.

JPMC CORP.

P:\Users\ECL\IPMZ CORP\Secretary of State Ltr RE Change of RA - 10-30-07.wpd

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

statement of cha	ange is submitted for a corpo	9502, 617.0502, 607.1508, or 617.1508, Florid oration organized under the laws of the State o Gice or registered agent, or both, in the State o	fFlorida
1. The name of	the corporation: JPMZ	CORP.	
2. The principal	office address: 3107 B	arcelona Street	
	Tampa,	FL 33629	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 10	/26/07 Document number: P070	000117711
	d street address of the curren rtment of State:	at registered agent and registered office on file	with the
	UCC Filing & Sea	rch Services, Inc.	
	1574 Village Squ		
	Tallahassee, FL	32309	200 SE
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) and /or registered of	SEE -
			AMIO: OF STA:
	1715 West Clevel	and Street NOT acceptable)	
	Tampa, FL 33606		45 TE
as changed will	be identical.	nd the street address of the business office of duly adopted by its board of directors or by a has been notified in writing of the change.	
(Signatu	re of an officer or director)	(Printed or typed name an	nd title)
I hereby accept I further agree to of my duties, an document is bet corporation has	the appointment as register to comply with the provision d I am familiar with and ac in filed merely to reflect a been notified in writing of	red agent and agree to act in this capacity ns of all statutes relative to the proper and co cept the obligation of my position as register change in the registered office address, I her this change.	omplete performance red agent. Or, if this eby confirm that the
	gnature of Registered Agent)	10/30/	07
	half of an entity:	/ (Date)	
	ford, Esquire		
	'yped or Printed Name)	<del></del>	
	***	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)