## P09000033186

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Jignasa Inc.  Name of Corporation
DOCUMENT NUMBER: P0900033186
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:
Gita Thakor Name of Contact Person
Jignasa Inc Firm/Company
419 Duval St. NE
Live Oak FL 32064 City/State and Zip Code
gitathakor@ymail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cita Trakor at (386) 201-0867 Name of Contact Person at (386) 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

1. The name of	f the corporation: Jianasa Inc.	
	al office address: 419 Duval 34. NE	
Live Oak FL 32064		
3. The mailing a	g address (if different):	
4. Date of incor	prporation/qualification: 4/13/29 Docu	ment number: P0900033186
	nd street address of the current registered agent and repartment of State: (If resigned, enter resigned)	gistered office on file with the
	Kenneth m. Danie	15
	101 2nd Alve SE	· · · · · · · · · · · · · · · · · · ·
	Gasper, Pl 3=	2052
6. The name and (if changed):	nd street address of the new registered agent (if chang):	
	Gita Thakor	
	419 DWA St. NE P.O. Box NOT acceptable	
	Live Dak FL 32064	# JAH 27 PH 1:3
The street addr as changed wil	lress of its registered office and the street address of ill be identical.	the business office of its registered agent,
Such change wauthorized by t	was authorized by resolution duly adopted by its boar the board, or the corporation has been notified in wr	rd of directors or by an officer so iting of the change.
Signati	five three City	Printed or typed name and title
I further agrée	pt the appointment as registered agent and agree to e to comply with the provisions of all statutes relativ of my duties, and I am familiar with and accept the o this document is being filed merely to reflect a chang m that the corporation has been notified in writing o	e to the proper and complete
	Signature of Registered Agent	AI / I H Date
If aloning on h	behalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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