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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: JIS Mold Remediation, Inc.

Name of Corporation

DOCUMENT NUMBER:

P09000040926

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:

Isabel C. Diaz, Esq.

Name of Contact Person

Firm/Company

701 Brickell Avenue, 30th Floor

Address

Miami, Florida 33131

City/State and Zip Code

jis@jisconstruction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Javier Cantens** 

305

256-5758

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

statement of cha	inge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	this	-
1. The name of	the corporation: JIS Mold Remedi	ation, Inc.	<u></u>	
2. The principal	office address: 12100 SW 132nd	Ct., Suite 113, Miami, Florida 33	3186	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 5/7/2009	Document number: P09000409	<del>)</del> 26	
	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the		
	Isabel C. Diaz, Esq.			
	Holland and Knight, 701 Brid	ckell Avenue, Suite 3000		
	Miami, Florida 33131		_	9 <b>Y</b> io
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office	- عال 3	ECRETA ISION OF
	Isabel C. Diaz, Esq.		œ æ	RYO
	701 Brickell Avenue, 30th Fl	oor	AH 9:	F ST
	P.O. Box NO Miami, Florida 33131	T acceptable	24	ATIONS ATE
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its registe	red age	nt,
=		d by its board of directors or by an officer softified in writing of the change.		
Jak	The state of the s	Javier Cantens		_
hereby accept further agree performance of duent. Or, if the	the appointment as registered agent and the appointment as registered agent at the comply with the provisions of all stail my duties, and I am familiar with and is document is being filed merely to refit that the corporation has been notified	Printed or typed name and title and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as regi- lect a change in the registered office addre- in writing of this change.	stered ss, I	
Sig	nature of Registered Agent	Date	<del></del>	_
If signing on be	half of an entity:			
	yped or Printed Name			

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