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(Requestor's Name) (Address) (Address)	600204793296	
(City/State/Zip/Phone #)	04/29/1101049010 ***35.00	
(Business Entity Name) (Document Number)		
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2011 APR 29 PM 5: 08	
Office Use Only	5511	

COVER LETTER

TO: Amendment S Division of C	lection orporations	
SUBJECT:	Jb Studural W Name of C	Corporation
DOCUMENT NUMI	BER: PO900092	103
The enclosed Stateme	nt of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter	r to the following:
_	JANEV A UD	ntact Person
- :	Jb Structu	ompany
	8035 SW917 Add	ress
·	Miaml. 7. City/State an	33156 nd Zip Code
E-	mail address: (to be used for f	uture annual report notification)
For further information	n concerning this matter, please o	call:
Jennife y Name o	ANN COMA of Contact Person	at (305) 440-4000 · Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	heck made payable to the Depart	ment 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

CR2E045 (8/05)

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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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jb Structural Low
2. The principal office address: 8035 SW 98 HWall, Miami, 72 33156
3. The mailing address (if different):
4. Date of incorporation/qualification: NN 2009 Document number: P09000002743
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)
Javier A. bongalen
81) 35 SW 9 8 TEWACO.
Miami, 九 33156
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jenniter A. Wya. Elq.
9130 SOUM Dadeland BIVA Ste 1209 P.O. Box NOT acceptable
miami, 72 33156
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 office for director dir
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.
Signafuro of Registered Agent 10 28 10
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
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