

PI0000080514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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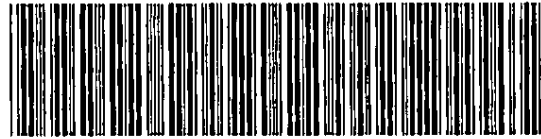
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RH/chg

AUG 02 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JTR Motors, Inc
Name of Corporation

DOCUMENT NUMBER: P10000080514

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:

Juan Carlos Rivera
Name of Contact Person

JTR Motors, Inc
Firm/Company

4701 sw 45 street
Address

Davie, Florida, 33314
City/State and Zip Code

juan33326@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Isabel Rivera at (954) 336-5237
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: JTR Motors, Inc
2. The principal office address: 4701 SW 45 STREET
Davie, FL 33314
3. The mailing address (if different): 210 sw 159 way
Sunrise FL 33326
4. Date of incorporation/qualification: 10/01/2010 Document number: P10000080514
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)

Juan Carlos Rivera

210 sw 159 way

Sunrise, FL 33326

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

Maria Isabel Rivera

210 sw 159 way

P.O. Box NOT acceptable

Sunrise, FL 33326

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.

Maria Isabel Rivera
Signature of an officer or director

Maria Isabel Rivera - 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.

Maria Isabel Rivera
Signature of Registered Agent

07/27/2017

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

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