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SECRETARY OF STATE TALL AHASSEE, FLORIDA

OCT 1 6 2014 T. CARTER

Ro Change

COVER LETTER

Division of Corporations		
SUBJECT: JB UNLIMITED TVANS PORT. CORP.		
Name of Corporation		
DOCUMENT NUMBER: P12000074585		
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:		
rease retain an correspondence concerning and matter to alle ronowing.		
Julio E. Bo AILL Name of Contact Person		
Name of Contact Person		
(4715) Firm/Company		
(4715) Firm/Company		
4715 Holly Dr.		
7 Kuli 033		
TAMARAC, FL 33319 City/State and Zip Code		
SBUNLIMITEDTYENS PORT Q GMail. con.		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Solio E. Boffill at (954-) 232 2/22 Name of Contact Person Area Code & Daytime Telephone Number		
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 Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

Amendment Section

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.
1. The name of the corporation: JB UNLIMITED TVans PORT. CORP.
2. The principal office address: 1341 NW 465T
Font Louperpale, Fl 33309.
2. The principal office address: /341 NW 46 ST FONT LOUD-EVEN Le, FL 33309. 3. The mailing address (if different): SAME.
4. Date of incorporation/qualification: Sept. 15-2012 Document number: P12000074585
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)
Julio E. Boffile
1341 NW 46 ST
Julio E. Boffice 1341 NW 46 ST Fort Laurerdale, Fl 33309.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4715 Holly Dr.
4715 Holly Dr. P.O. Box NOT acceptable TAMARAC, FL 33319.
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 director Frinted or popul 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. O - (- / 4 . Date Dat
If signing on behalf of an entity:

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