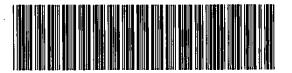
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COVER LETTER

Amendment Section

TO:

Division of Corporations							
SUBJECT: JIREH TRANSACTIONS CORP. Name of Corporation							
DOCUMENT NUMBER: P13000018198							
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:							
RAMON BERMUDEZ Name of Contact Person JIREH TRANSACTIONS CORP. Firm/Company							
13450 SW 181ST STREET							
MIAMI, FL 33177 City/State and Zip Code							
Jtc4533@gmail.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call: RAMON BERMUDEZ Name of Contact Person at (305) 527-9559 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
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 ch	e provisions of section ange is submitted for ler to change its reg	or a corporation o	organized under ti	he laws of the	State of <u>F10</u>	RIDA
1. The name of	the corporation:	JIREH 7	TRANSACT	70NS C	ORP.	
2. The principa	al office address:	13450	SW 1815	T STR	EET	
		MIAMI,	FL 33	177		
3. The mailing	address (if differen): – San	10-			
4. Date of inco	rporation/qualificat	on: 2/25	5/2013 Docum	nent number:	P13000	∞181 <i>9</i> 8
	nd street address of t artment of State: (If	resigned, enter res	signed)			2017
	RAMON	BERMUO	モス		AE	FIL MPR 21
	16633	SW 50+	K TER.	Habitooteksiisituuti.Hähaineeeeensa aruusa sa oman	SSEE	21 PH
	MIAMI	, FL 33	3185			子 ?:
6. The name an (if changed):	od street address of t	he new registered	agent (if changed	l) and /or regi:	stered office 30	19
	RAMO	N BERM	uDEZ	1 10040 P P P P P P P I N N 101 N 101	······	
	13450) SW 18	IST STRE	ET		
		P.O. Box	NOT acceptable			
	MILAN	11, FL	33177			
71	ress of its registered I be identical.					
Such change wathorized by t	as authorized by each board, or the go	solution duly adorporation has been	_		_	<u> </u>
Fac	ure of an officer or directo	und		ou Beri		RESIDENT
I havahu accan	t the appointment a to comply with the f my duties, and I a his document is bein that the corporation	e registered agas	it and amount a	Printed or typed no t in this capac to the proper igation of my in the registe his change.	aitu	istered ess, I
Kar	um/Sem	usk		04/17/	2017	
) Si	gnature of Registered Ager	11	- " " · · · · · · · · · · · · · · · · ·	Date		
If signing on be	ehalf of an entity:					
1	Typed or Printed Name					

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 * * *