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COVER LETTER

TO:	Amendment Section Division of Corporations	
OLID I	J Consultants, Inc.	
SUBJ	Name of Corporation	
DOC	P13000052284 UMENT NUMBER:	
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ing.
Please	e return all correspondence concerning this matter to the following:	•
	Joshua Solomon	
	Firm/Company	
	2020 NE 163rd St., Suite 103	
	Address	
	City/State and Zip Code	÷
	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter; please call:	
,	Joshua Solomon 786 537-7753	
	Name of Contact Person at (ione Number
Enclo	osed is a \$35.00 check made payable to the Department of State.	
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporation	ıs
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center of Tallahassee, FL 32301	Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

لؤ المقالمة الماهن

statement of char	nge is submitted	for a corporation	organized i	7.1508, or 617.150 under the laws of th ugent, or both, in th	he State of	Florida	
1. The name of the	he corporation:	J Consultan	its Inc				
2. The principal	office address:	2020 NE 16	3rd St.,	Ste. 103,	-		
		North Miami	Beach,	FL 33162			
3. The mailing ac	ddress (if differe	nt):					
4. Date of incorp	oration/qualifica	ntion: 06/17/	13	Document number	_{r:} P13	000052284	
		f the current registe If resigned, enter re		and registered offic	e on file w	ith the	
	Joshua	Solomon				e-ca special	
	2020 NE	163rd St., Ste.	. 206				n
	North Mi	ami Beach, FL	33162			TARY AASS	=
6. The name and (if changed):	street address o	f the new registered	d agent (if	changed) and /or re	egistered of	ffice FLORING	
	Joshua	Solomon				器 2	
	2020 N	E 163rd St., \$				_	
	Nim welm N		NOT accept				
	NORTH IN	liami Beach,	FL 331	02		-	
The street addre as changed will	ss of its register be identical.	ed office and the s	street addre	ess of the business	office of it	ts registered agent,	
Such change wa authorized by th	s authorized by e board, or the	resolution duly ad Orporation has be	opted by it en notified	s board of director in writing of the c	s or by an hange.	officer so	
x /				Joshua Solom			
	e of an officer or dire			Printed or type		tle	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment o comply with the my duties, and I is document is be that the corpora	as registered age te provisions of al am familiar with eing filed merely t tion has been noti	nt and agr l statutes r and accept o reflect a fied in wri	ee to act in this ca elative to the prop the obligation of i change in the regi ling of this change.	pacity. er and con my position stered offic	nplete n as registered ve address, I	
1	\leq 8			7-28-16	5		
Sign	nature of Registered A	gent		Da	ate		
If signing on bel	half of an entity						
Ту	ped or Printed Name						

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