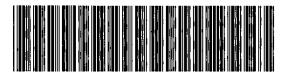
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: JK Bits and F Name	of Corporation	
DOCUMENT NUMBER: \$13,0000	99597	
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:	
Kathleen Name o	Vi ~G of Contact Person	
JK Bits and Picces Inc. Firm/Company		
11125 Par)	C Blud Ste 104-123 Address	
Sem: note FL 33777 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, pl	ease call:	
Kathleen King	at (727) 421-1569 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the I	Department of State.	
Mailing Address: Amendment Section Division of Corporation 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.
1. The name of the corporation: JK D.7s and Picces Inc.
2. The principal office address: 10419 65 Ave N Seminale FL 33772
3. The mailing address (if different): 11125 Park Dlud 5te 104-123
Seminale FL 33772
4. Date of incorporation/qualification: 12-16-13 Document number: P 13 0000 9 9 5 9
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)
Corporation Service Company
Tallahassee FL 32701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
11125 Park Blod Ste 104-123 BT 5.
Seminale FL 33772
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 officer or director Printed or typed name and title
Signature of an officer or director 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.
Y to C 4 - 20 - 15 Signature of Registered Agent Date
Signature of Registered Agent J Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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