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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: J&B ALLIANCE, INC

Name of Corporation

DOCUMENT NUMBER

P16000003657

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:

Sandra Ramirez

Name of Contact Person

TireBiz International, LP

Firm/Company

12397 S. Orange Blossom Trail. # 326

Address

Orlando, Florida 32837

City/State and Zip Code

s.r@thetire.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Ramirez

786 、4<sub>1</sub>

4886289

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

CR2E045 (03/12)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: J&B ALLIANCE, INC
2. The principa	office address: 12397 S. Orange Blossom Trail. # 326 Florida 32837
	address (if different): Same
4. Date of incom	rporation/qualification: 01/11/2016 Document number: P16000003657
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Arne Blaes
	1966 NE 123RD STREET # 103
	NORTH MIAMI, FL 33181
6. The name an (if changed):	ad street address of the new registered agent (if changed) and /or registered office
	Sandra P Ramirez
	12397 S. Orange Blossom Trail. # 326
	P.O. Box NOT acceptable Orlando, FL 32837
	Orlando, FL 32837
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, I be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	The RIAES Former of an officer or director  Finited or typed name and title
I hamahu aasan	t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete  f my duties, and I am familiar with and accept the obligation of my position as registered  nis document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.
<del></del>	Haudra 8/3/2016 gnature of Registered Agent Date
If signing on b	ehalf 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 CR2E045 (03/12)