## P16245

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## **COVER LETTER**

Division of Corporations		
SUBJECT: JUST'S HOUSE FNC. Name of Corporation		
DOCUMENT NUMBER: P/6245		
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:		
ANNETTE PEREZ.  Name of Contact Person		
Firm/Company		
77 CRANDON BLUD, #40		
Address		
KEY BISLAYNE FL 33149		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (305) 394 9812  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

	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 in order to change its registered office or registered agent, or both, in the State of Florida.
	1. The name of the corporation:
У	2. The principal office address: 6/6 PEREZ - 77 (RANDON BLVD, #4C  KEY BISCAYNE FL 33149
¥	3. The mailing address (if different):
	4. Date of incorporation/qualification: 10/4/1987 Document number: 10/4/5
አ	<ol> <li>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)</li> </ol>
	MARIA LORENA ALVARADO
	18959 PEULO RD.
	SUGARLOAF KEY FL33042
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	Annetti Perez
	71 Crandin Blud #40 PO Brown NOT
	71 Crandon Blow #40 Po Box NOT scoppable  Key Biscoppi Fl. 33149  SER 22  THE PO D  TH
	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.
X	Segmenture of an officer of director X CAPROTIT - PRESIDENT Privated or typod name and table
	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 duites, 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.
	Signature of Registered Agent 5/3/1/2 Date
	If signing on behalf of an entity:
	ANNETTE PEREZ 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
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