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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: JG Visuals, Inc.

Name of Corporation

DOCUMENT NUMBER: P19000018561

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:

Jose A. Garcia

Name of Contact Person

JG Visuals, Inc.

Firm/Company

16139 NW 79th Avenue

Address

Miami Lakes, FL 33016

City/State and Zip Code

jose.garcia26@me.com

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

For further information concerning this matter, please call:

Jose A. Garcia

,305 \299-72

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: JG Visuals, Inc.
2. The principal	office address: 16139 NW 79th Avenue
	akes, FL 33016
3. The mailing a	address (if different): same as above
4. Date of incorp	poration/qualification: 02.26.2019 Document number: P19000018561
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Jose A. Garcia
	8864 NW 168th Street
	Miami Lakes, FL 33018
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Jose A. Garcia
	Jose A. Garcia 16139 NW 79th Avenue
	P.O. Box NOT acceptable
	Miami Lakes, FL 33016
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(/- (Jose A. Garcia, President Printed or typed name and title
I hereby accept . I further agree to performance of .	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 my duties, and I am familiar with and accept the obligation of my position as registered is 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.
/ a	1 0.5 - NOV - 70 G
If signing on bel	half of an entity:
Jose A. Ga	
Ту	oped 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