

L06000065273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

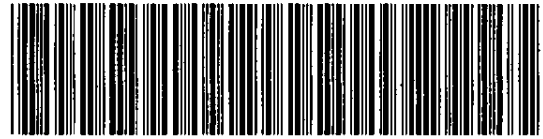
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900162480089

11/06/09--01004--020 \*\*55.00

FILED  
09 NOV - 3 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 9 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.S. Mont Investments, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Montpetit  
Name of Person

Downtown Car Wash  
Firm/Company

520-74th Street E.  
Address

St. Paul, MN 55101  
City/State and Zip Code

shelleym@downtowncarwash.com  
E-mail address: (to be used for future annual report notification)

FILED  
09 NOV 10 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michelle Montpetit at (651) 222-7045  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: J.S. Mont Investments, LLC

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS) 312 Bayshore Dr.  
Cape Coral, FL 33904

(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) 520 7th Street E.  
St. Paul, MN 55101

3. Date of filing/registration in Florida 6/27/06

4. Document number L06000065273

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Michelle Montpetit  
Registered Office Address: 5032 SW 10th Ave.  
Cape Coral, FL 33914

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Michelle Montpetit  
NEW Registered Office Address: 312 Bayshore Dr.  
(MUST BE FLORIDA STREET ADDRESS) Cape Coral, FL 33904

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michelle D. Montpetit  
Signature of a member or authorized representative of a member  
Michelle D. Montpetit, MGRM  
Printed or typed name of signee

FILED  
JUN 27 2006  
TALLAHASSEE, FLORIDA  
CLERK OF STATE  
PH 3:03

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  
Michelle D. Montpetit  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00