## L070000 11834

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## רוכט

## **COVER LETTER**

Division of Corporations			
SUBJECT: Jefferson, LLC	imited Liability Company)		
(Name of L	innied Liability Company)		
Dear Sir or Madam:			
The enclosed Pegistered Agent/Pegistered O	ffice Change and fee(s) are submitted for filing	~	
The enclosed Registered Agent/Registered O.	ince change and ree(s) are submitted for fining	<b>3</b> ·	
Please return all correspondence concerning t	this matter to the following:		
David S. Oliver, Esq.			
(Name of Person)			
Baker & Hostetler, LPP			
(Firm/Company)			
		₹	0
P.O. Box 112			7 AUG
(Address)		法形	<u>6</u> – 9
Orlando, FL 32802-0112		SER C	
(City/State and Zip Code)		H C	PM 2: 41
		岩	-  ::
For further information concerning this matte	er, please call:	Þ'''	4
David S. Oliver, Esq.	at (407 ) 649-4025		
(Name of Person)	(Area Code & Daytime Telephone	e Num	ber)
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	g 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 Fl	orida.			
1. The name of the limited liabi	lity company is: Jef	fferson, LLC		<b>.</b> •
2. The mailing address of the lin	mited liability compa	any is : 7025 County Road 46	A, Suite 1071, Lake Mary, Floirda	32746
1/31/07		L07000011834		·* -
3. Date of filing/registration in Florida 4. Document no		mber		
5. The name of the registered ag Florida Department of State:	ent and the registere	d office address as shown	on the records of the	
Step	hen, Jennifer			
		ime	-	
1485	International Parkw	ay, Suite 1001	_	
***************************************	Ado	lress	-	
Heath	nrow, FL 32746	, , , , , , , , , , , , , , , , , , ,	<del></del>	
	City, Stat	te and Zip		
6. The name and address of the	new registered agent	and/or office:		
David	d S. Oliver, Esq.		F., 0	
	Nam			
		00 S. Orange Avenue	RE 6	
Flor	ida street address (P.	O. Box NOT acceptable)	-9	
Orlan	do, F	L 32801-3432	e of PH	5
	City, State	and Zip	2: LOAN	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby confirmed the members of the limited lift or the operating agreement of the confirmed the confirmed that the change and the confirmed that after the change and the change and the confirmed that after the change and the change and the confirmed that after the change and the change and the change and the change and the confirmed that after the change and t	or changes are made gistered agent will be onfirmed that the challed liability company or a limited liability co	the Florida street address e identical. Or, in the case ange(s) was/were authoriz	s of the registered office e of a Florida limited ed by an affirmative vote	
·				
CHINERO NWAIGU (Printed or typed name of signee)	<i>U E</i>			
I hereby accept the appointmen comply with the provisions of al and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that the	t as registered agent l statules relative to pt the obligations of cument is being filed he limited liability co	t and agree to act in this c the proper and complete my position as registered I to merely reflect a chang ompany has been notified	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	,

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

INHS18 (8/05)

(Signature of Registered Agent)