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J. HARRIS
J. HARRIS

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations						
SUBJECT: JKR Management	e of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Haven Paranzino Name of Person						
JKR Managment LL Firm/Company	. <u>C</u> .					
2825 SW Port St. Address	Lucie Blvd.					
Port St. Lucie, FL 3 City/State and Zip Code	549 <u>53</u>					
Jokavan @ acl. com E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter,	please call:					
Mame of Person	at (561) 301 · 7916 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 \$\text{Certified Copy}\$						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: <u>JKR M</u>	anaop	ment 1	LLC			
2	(a)		_ (b)	\				
۷.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		2825 SW Port St. Lucie Bly	b	2825	s sw f	-Brt	<u>.42</u>	Lucie Blud
		Port St. Lucie, FL 34953		Port S	st. Luc	iè, F	<u>L 3</u>	4953
		11/15/2007		L070	71100C	188		
3.		Date of filing/registration in Florida	4.		Document 1			
5.	(a)	Karen Par anzino Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
		1362 Dakota Drive						,
		Jupiter , FL	334	-58		SE	16	
						CRE	HAR	T
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:		TARY OF	17 PM	***************************************
		NEW Registered Office Address:				STA)	t: 5	J
		2825 SW Port St. Lucie B	lvd			ÐÆ A		
		Be Port St. Lucie , FL	349	153				
th ag w th	e cha ent v as/we e arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law ture of a member or authorized representative of a member	the regis bility co f the lim limited li	tered office mpany, it is ited liability	and the bushereby corrections of company of pany.	siness on firmed or as other	office of that the nerwis	of the registered ne change(s) ne provided in
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete in the proper and complete is a statute of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performa I for in C ereby co	in this capa ince of my d hapter 605, infirm that t	city. I furt luties, and I F.S. Or, i he limited l	her agre I am fan I this do iability	ee to c niliar cumer comp	comply with the with and accept nt is being filed any has been
Si	gnatu	re of Registered Agent						

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

INHS18 (2/14)