

L10000010579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

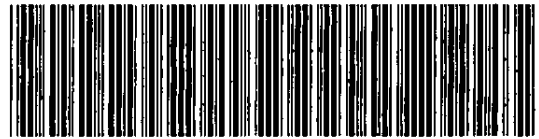
(Business Entity Name)

(Document Number)

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10 MAR 23 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 24 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jacobs Real Estate Services PSL  
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:

Melody Jacobs  
Name of Person

Jacobs Real Estate Services PSL  
Firm/Company

5483 NW St James Dr  
Address

Port St Lucie, FL, 34983  
City/State and Zip Code

realtor melody@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Jacobs at (772) 631-0442  
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:**

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10 MAR 23 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: JACOBS Real Estate Services -  
2. (a) Principal office address of limited liability company: Port St. Lucie LLC  
 (Note: MUST BE STREET ADDRESS) 5483 NW St. James Dr.  
Port St. Lucie, FL 34983  
(b) Mailing address of limited liability company: \_\_\_\_\_  
 (Note: MAY BE POST OFFICE BOX) \_\_\_\_\_

3. Date of filing/registration in Florida: 1/29/2010  
4. Document number: CG 1035995 L10000010579

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Melody Jacobs  
Registered Office Address: 1680 SW Bayshore Blvd  
Port St. Lucie, FL 34984

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: \_\_\_\_\_  
NEW Registered Office Address: 5483 NW St. James Dr.  
(MUST BE FLORIDA STREET ADDRESS) Port St. Lucie, FL 34983

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.

Melody Jacobs  
Signature of a member or authorized representative of a member  
Melody Jacobs  
Printed or typed name of signee

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SECRETARY OF FINANCE  
TALLAHASSEE, FL

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. Or, 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.

Melody Jacobs  
Signature of Registered Agent

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