

L10000038239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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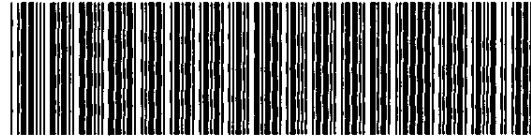
(Business Entity Name)

(Document Number)

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10 NOV 30 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
DEC -1 2010  
EXAMINER



**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: JOCHE Y LLC

2. (a) Principal office address of limited liability company: 3500 DUPONT HIGHWAY

**(Note: MUST BE STREET ADDRESS)** DOVER, DE 19934

(b) Mailing address of limited liability company: P.O. BOX 577243

**(Note: MAY BE POST OFFICE BOX)** MIAMI, FL 33255

JANUARY 21, 2010  
3. Date of filing/registration in Florida

L10000038224  
4. Document number 39

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CMS INTERNATIONAL ENTERPRISES

Registered Office Address: 550 BILMORE WAY 200  
CORAL GABLES, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 8004 NW 154 ST # 208  
**(MUST BE FLORIDA STREET ADDRESS)** MIAMI LAKES, FL 33016

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.

Signature of a member or authorized representative of a member

JOEL LABO

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity, 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.*

SECRETARY OF STATE  
TALLAHASSEE, FL  
10 NOV 30 2009  
FILED

Signature of Registered Agent

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