

L10000123802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

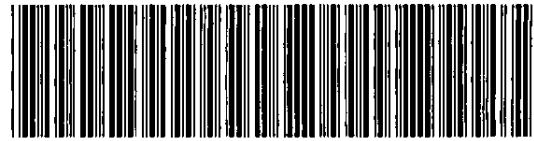
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Wrong form

D. BRUCE
FEB 07 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2011

HAROLD HEYDT
9671 SA VITTORE ST
LAKE WORTH, FL 33467

SUBJECT: JOINT VENTURE PARTNERS, LLC
Ref. Number: L10000123802

We have received your document for JOINT VENTURE PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00002893

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOINT VENTURE PARTNERS 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:

HAROLD HEYDT
Name of Person

JOINT VENTURE PARTNERS LLC
Firm/Company

9671 SAN VITTORE ST
Address

LAKE WORTH FL 33467
City/State and Zip Code

HAROLDHEYDT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

HAROLD HEYDT at (561) 868-0806
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: JOINT VENTURE PARTNERS LLC

2. (a) Principal office address of limited liability company: 9639 SAN VITTORE ST
LAKE WORTH, FL 33467
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 9671 SAN VITTORE ST
LAKE WORTH, FL 33467
(Note: MAY BE POST OFFICE BOX)

12/2/2010
3. Date of filing/registration in Florida

L10000123802
4. Document number

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

Registered Agent: CORPORATION SERVICE CO.
Registered Office Address: 1201 HAYS ST
TALLAHASSEE, FL 32301

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

NEW Registered Agent: HAROLD HEYDT
NEW Registered Office Address: 9671 SAN VITTORE ST.
(MUST BE FLORIDA STREET ADDRESS) LAKE WORTH, FL 33467

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]
Signature of a member or authorized representative of a member

PAUL AIMIS
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

FILED
11 FEB - 7 PM
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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