L11000024990

- (Requestor's	s Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP V	VAIT MAIL					
(Business E	intity Name)					
(Document	Number)					
Certified Copies Ce	ertificates of Status					
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SECKLITAN OF STATE

COVER LETTER

TO: Registration Section

Divi	sion of Corporations						
SUBJECT:	. JIMELIE LLC						
sebule1.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	1 Registered Agent/Registere	d Office Ch	ange and	fee(s) are submitted for filing.			
Please return	all correspondence concern	ing this matt	er to the f	following:			
A. ANDRE	EW OBEIDY						
	Name of Person			_			
OBEIDY 8	ASSOCIATES, PA						
	Firm/Company			_			
200 S. AN	DREWS AVE., STE. 10	0					
	Address			_			
FT. LAUD	ERDALE, FL 33301						
	City/State and Zip C	ode		_			
ANDREW	@OBDLEGAL.COM						
E-mail	address: (to be used for futu	re annual rep	ort notifi	cation)			
For further in	nformation concerning this n	atter, please	e call:				
A. ANDRE	W OBEIDY	at (305	892-5454			
	Name of Person			Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRES istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	S:	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Enc	losed is a check for the follo	wing amou	ınt:				
2 \$2	25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14))						

- 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. N	ame of the limited liability company: JIMELIE LLC				
2. (a)			o)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO	
•	200 S. ANDREWS AVE., STE. 100		200 S. A	ANDREWS AVE	., STE 100
	FT. LAUDERDALE, FL 33301	_	FT. LAU	IDERDALE, FL	33301
	02/25/2011		L1100002	24990	
3.	Date of filing/registration in Florida	4.		Document number	*
5. (a)	A. ANDREW OBEIDY				
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	- e:	
	A. ANDREW OBEIDY				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	2)	_	
	200 S. ANDREWS AVE., STE. 100				
	FT. LAUDERDALE	33301		-	
		<u> </u>		-	HI THE
(b)	A. ANDREW OBEIDY			_	1991
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	ldress:		2 U
	A. ANDREW OBEIDY				2: 54
	NEW Registered Office Address:			-	
	200 S. ANDREWS AVE., STE. 100			_	
	FT. LAUDERDALE . FI	_33301			
the charge of the agent was/w the art Signal I here provis the metro motifie	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the atture of a member or authorized representative of a member aby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I din writing of this change.	f the reginability confidence limited	stered office ompany, it is nited liability liability con	e and the business of shereby confirmed by company or as of a pany. Printed or typed name acity. I further assistant as a pany acity. I further assistant acity.	office of the registered that the change(s) herwise provided in

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