Division of Corporations Electronic Filing Cover Sheet

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(((H110001143313)))



H110001143313ABCP

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MCDONALD HOPKINS CO., PA

Account Number : I20050000183

: (561)472-7510

Phone Fax Number

: (561)472-2975

\*\*Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.\*\*

Certification and a second of the second of

LLC REGISTERED AGENT CHANGE JEB BUSH & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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EXAMINER

APR 27 2011

Electronic Filing Menu

Corporate Filing Menu

Help

## H110001143313

## **COVER LETTER**

TO: Registration Section Division of Corporations		
<b>,</b>		
SUBJECT: Jeb Bu	sh & Associates, LLC	
Name of Li	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Jaimie Paul		
Name of Person		
McDonold Howkins 11.0		
McDonald Hopkins, LLC Firm/Company		
505 S. Flagler Drive, #300		
Address		
West Balm Book Florida 2240	4	
West Palm Beach, Florida 3340 City/State and Zip Cude	<u>'1</u>	
jpaul@mcdonaldhopkins.com E-mail address: (to be used for future annual report noti	ficution	
For further information concerning this matter,	please call:	
Jaimie Paul	at ( 561 ) 472-2121	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:		
Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
NHS18 (5/08)	<u>-</u> .	
H11000114331 3		

INHS18 (05/08)

## 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.

Name of the limited liability company:	eb Bush & Associates, LLC
2. (a) Principal office address of limited liability compan	y: The Biltmore Hotel
(Note: MUST BE STREET ADDRESS)	1200 Anastasia Avenue, Suite 500 Coral Gables, FL 33134
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
2/27/07	M07000001163
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Raquel A. Rodriguez
Registered Office Address:	201 S. Biscayne Blvd., Suite 2200
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 S. Biscayne Blvd. Suite 2790 Miami ,FL33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the Ilmited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or adthorized representative of a member.  Raquel A. Rodriguez  Printed or typed name of signee.  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand and familiar with and accept the obligations of my paradices, I hereby confirm that the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Division of Corporations, P.O. Box 63 FILING FEE: \$	·

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