## 11/00000004979

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## 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.

-General Control of the Control of t	
1. Name of the limited liability company: <b>JANATA</b>	PROPERTIES, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	Y: 5565 LEE ST UNIT#7 LETHGH MORES, FL 33913
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5565 LEE ST UNIT#Y Lehigh Acres, A 3397
11 - 10 - 2010  3. Date of filing/registration in Florida	M 1000004979
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:	GUSTAVO A QUIROS
Registered Office Address:	20000 Oan Fairways C. Esturo, Fr. 33928
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	ANA I. HAGSTROM
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5565 Lee St. Unit#9 Jenign Acros - ,FL 33913
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 identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorised representative of a member	Torida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
AMANDA M. SAENZ 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 I am familiar with and accept the obligations of my package to the configuration of this document is being filed to me address. I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for increly reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent