

A 0000002038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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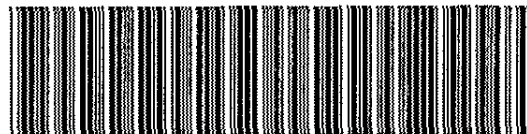
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: JES PARTNERS LTD.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A00000002038

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John H. Sherrill III

(Contact Person)

JES Partners Ltd.

(Firm/Company)

1602 East Cervantes St.

(Address)

Pensacola, FL 32501

(City, State and Zip Code)

For further information concerning this matter, please call:

John Sherrill

(Name of Contact Person)

at (850) 433-1652

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. JES PARTNERS LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/28/2000 3. A00000002038
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gary W. Huston
Name
125 West Romana Steet, Suite 800
Address
Pensacola, FL 32501
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

John H. Sherrill III
Name
1602 East Cervantes St.
Florida street address (P.O. Box not acceptable)
Pensacola FL 32501
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

John H. Sherrill III
Signature of General Partner

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.

John H. Sherrill III
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FL 32399

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