A30451

(Requestor's Name)
(Address)
(Address)
(Address)
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: JBL Properties, LTD. (Name of Limited Partnership or Limited Liability Limited Partnership)
(Name of Limited Partnership or Limited Liability Limited Partnership)
DOCUMENT NUMBER: A 30457
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:
PAMELA B. RATHER (Contact Person) JBL PROPERTIES, LTD. (Firm/Company)
(Contact Person)
JBL PROPERTIES, LTD.
(Firm/Company)
P.O. Box 161506 (Address)
(Address)
Mobile, AL 366/6 (City, State and Zip Code)
(City, State and Zip Code)
For further information concerning this matter, please call:
PAMELA RATHER at (251) 343-8198
(Name of Contact Person) (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

INHS04 (01/06)

MAILING ADDRESS:

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

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. JBL PROPERTIES, LTD.	
Name of Limited Partnership or Lin	nited Liability Limited Partnership
2. <i>8-1-1990</i>	3. <i>A 30457</i>
Date of filing/registration in Florida	3. A 30457 Florida document number
4. The name of the registered agent and the registered Department of State:	office address as shown on the records of the Florida
()	7
CHARLES H. EDG Nam 2425 W. Nine TV Addr PENSACOLA, FL 3 City, State	'AR, JR.
242-1/ M/ m	1. P. C
	<u>(11 E RD., JUITE /</u>
Pausasa Fi	225
City State	2.25.4 and Zin
5. The name and Florida street address of the new regi	stered_agent_and/or office:
-	
Nan	ne
1186 WENSEL D.	
Florida street address (P.	O. Box not acceptable)
CANTONMENT	FL_ <i>325,33</i> _
City, State	and Zip
6. Such change(s) is/are effective when filed by the Flo	orida Department of State.
JBL PROPRETIES JTD. 97; JSBA, JNC., MAN.	AGING PARTNER
Signature of General Partner L. EUIS LOPED, TREAS	
I hereby accept the appointment as registered agent an	nd agree to act in this capacity. I further agree to 8
comply with the provisions of all statutes relative to the	e proper and complete performance of my duties, 🔑
and I am familiar with an accept the obligations of my	and the second s
	N/A Spiral T
Signature of Registered Agent	
Filing Fee: \$35.00	[5] a O
Certified Copy (optional): \$52.50	58 58
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