## L00000007835

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations		
SUBJECT: JVB Financial Holdings, LL (Name of I	LC. Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
JoAnn Lukas		
(Name of Person)	OT HAY -8 PH 3: 3°	
JVB Financial Holdings, L.L.C.		
(Firm/Company)	2 Per	
	9.	
2700 N. Military Trail, Suite 200		
(Address)		
Boca Raton, FI 33431	<del></del>	
(City/State and Zip Code)		
For further information concerning this matt	tter, please call:	
JoAnn Lukas	at (561 ) 939-1202	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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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.

1. The name of the limited liability com	pany is: JVB Financial Holdings, L.L.C.
2. The mailing address of the limited lis	ability company is : 2700 N. Military Trail, Sulte 200
Boca Raton, FL 33431	
04/11/2007	L0000007835
3. Date of filing/registration in Florida	4. Document number
3. Date of thing/registration in Florida	4. Document Rumber
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
•	Agents Legal Services, LLC
1220 N. Market Street, Suite 806	
	Address
Wilmington, I	FL 19801
	City, State and Zip
6. The name and address of the new reg	istered agent and/or office:
Registered A	Name ket Street, Suite 806 Address FL 19801 City, State and Zip istered agent and/or office: Agents Legal Services, LLC Name
Neglatered 7	Name 5
155 Office Pla	aza Drive, Suite A
	et address (P.O. Box NOT acceptable)
Tallahassee,	FL 32301
<del>             \</del>	City, State and Zip
confirmed that after the change or changand the business office of the registered liability company, it is hereby confirmed	rganized under the laws of the State of Florida, it is hereby ges are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited d that the change(s) was/were authorized by an affirmative vote company or as otherwise provided in the articles of organization d liability company.
JoAnn Lukas	
(Printed or typed name of signee)	
	istered agent and agree to act in this capacity. I further agree to is relative to the proper and complete performance of my duties, bligations of my position as registered agent as provided for in is being filed to merely reflect a change in the registered office ad liability company has been notified in writing of this change.
(Signature of Registered Agent)	MICHAEL W. ASHLEY

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

INHS18 (8/05)

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