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COVER LETTER

TO: Registration Section Division of Corporations			,
SUBJECT: JBG LLC (Name of Limited)	Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
JAWE BEST GRANDBOUC (Name of Person)	HE_		
JBG, LLC (Firm/Company) 4610 HIDDEN RIVER R (Address) SARASOTA, FLA 39	<u>D</u> +246	07 MAR 20 PH 3: 23	SECRETARY OF STATE
(City/State and Zip Code) For further information concerning this matter, please Tan bot Granband at ((Name of Person)	·	Nun	nber)
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 amount	unt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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, liability company submits the following statement in order to change its registe agent, or both, in the State of Florida.	the undersigned limited ered office or registered
1. The name of the limited liability company is: JBG LLC	.
2. The mailing address of the limited liability company is: 4610 HIDE	DEN RIVER RP
SARASOTA FL 34240	•
3/14/07 L000000	15406
3. Date of filing/registration in Florida 4. Document numb	
5. The name of the registered agent and the registered office address as shown on Florida Department of State:	the records of the
577 BENEVA RD SOUTH Address SARASOTO, FL 34233 City, State and Zip	07 I
6. The name and address of the new registered agent and/or office:	ECRETAR SION OF C
TANE BEST GRANDBOUCH Name 4610 HIDDEN RIVER RD Florida street address (P.O. Box NOT acceptable) SAPASOTA FL 34 Z40 City, State and Zip	TILED ANY OF STATE CORPORATIONS O PM 3: 23
If the limited liability company is not organized under the laws of the State of Flo confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized to the members of the limited liability company or as otherwise provided in the a or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the registered office a Florida limited by an affirmative vote
TANE BEST GRANDBOUCHE (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capa comply with the provisions of all statutes relative to the proper and complete perfand I am familiar with and accept the obligations of my position as registered age Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in w	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signatury of Registered Agent)	

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

INHS18 (8/05)