

DI000007245

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	IFCT.	Juno F	artners, LLC			
зов.	Name of Limited Liability Company					
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office (Change and fee(s) as	re submitted for filing.		
Pleas	e return all correspondence concernin	ng this ma	atter to the followin	g:		
	Kimberly Redash					
	Name of Person					
	Juno Partners Firm/Company					
11601 Kew Gardens Ave., #101 Address						
	Palm Beach Gardens, FL 3 City/State and Zip Code	3410	<u>_</u>			
E	kim@bcdevco.com -mail address: (to be used for future annual repor	t notificatio	n)			
For fi	urther information concerning this ma	itter, plea	se call:			
	Kimberly Redash	at (561)	630-5116		
	Name of Person		Area Code & Da	ytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADD			
	Registration Section					
	Division of Corporations Clifton Building		Division of Corpe P.O. Box 6327	orations		
	2661 Executive Center Circle		Tallahassee, Flor	ida 32314		
	Tallahassee, Florida 32301		1 a.i.a.iia.5500, 1 101			
Enclosed is a check for the following amount:						
	\$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, 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. Name of the limited liability company:	Juno Partners			
2. (a) Principal office address of limited liability compan	y:			
(Note: MUST BE STREET ADDRESS)	11601 Kew Gardens Ave., #101 Palm Beach Gardens, FL 33410			
(b) Mailing address of limited liability company:	Same as above			
(Note: MAY BE POST OFFICE BOX)				
05/08/2001	L01000007245			
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:	CSC			
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301-2525			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:			
NEW Registered Agent:	Haile, Shaw & Pfaffenberger			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	660 US Hwy., 3rd floor			
	North Palm Beach ,FL 33408			
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an action arive vote			
Ira C. Fenton				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability companies of Registered Agent	garee to act in this capacity I further garee to			