#101000007385

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
, (Ci	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		i i

Office Use Only



100248392831

06/14/13--01019--013 **25.00

TARS HOUND IN NUCLEAR TO NUCLEAR

K.SALY EXAMINER JUN 17 2013

COVER LETTER

ТО	: Registration Section Division of Corporations	
SUI	BJECT: JW Investments	, LLC Limited Liability Company
	Name of	Emmed Elability Company
Dea	r Sir or Madam:	
Tho	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Ple	ase return all correspondence concerning	g this matter to the following:
W	oodie McCarty	
	Name of Person	
J١	W Investments, LLC	·
	Firm/Company	
8.	708 Tessara LN	
_	Address	
T	ampa, FL 33647-3080	
	City/State and Zip Code	
iν	/smccarty@gmail.com)
<u>, </u>	E-mail address: (to be used for future annual report	
For	further information concerning this ma	tter, please call:
V	oodie McCarty	at (850) 832-8530
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section Division of Corporations
	Division of Corporations Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the follow	ing 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 liability company submits the following statement in agent, or both, in the State of Florida.	608.508. Florida Statutes, the undersigned limited to order to change its registered office or registered	
1. Name of the limited liability company: JW Investment	s, LLC	
2. (a) Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS)	any: 8708 Tessara LN	
(Note: MOST BE STREET ADDRESS)	Tampa, FL 33647-3080	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8708 Tessara LN	
Name and the second sec	Tampa, FL 33647-3080	
05/09/2001	L01000007385	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:	
Registered Agent:	Woodie S McCarty	
Registered Office Address:	19907 Front Beach RD	
	Panama City Boach, FL 32413	
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent:	NEW Registered Office address.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Tampa ,F <u>33647-3080</u>	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability compa	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or	
Signature of a member or authorized resentative of a member		
Woodie McCarty Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of I Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirm that	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.	
Signature of Registered Agent		

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