L01000013786

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SECRETARY OF STATE

ANTI AHASSEE, FLORID



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JEM STAR ENTERPR (Name of	ISES LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Alina Silvers		
(Name of Person)		
NRAI Services, Inc (Firm/Company)		
2731 Executive Park Drive Suite	4	
(Address)	 	
Weston, FI 33331		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Alina Silvers	_at (954) 318-2787_	
(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	ng amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANCE 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 I	iability company is: 💄	EM STAR ENTERPRISES	LLC	
2. The mailing address of th	e limited liability com	pany is: 1801 S Federal F	Hwv. Ste 300	
Delray Beach, FL 33483	•	. ,		
Deliay Beach, 1 E 33403				
08/14/2001		L01000013786	3	
3. Date of filing/registration	in Florida	4. Document	number	
5. The name of the registered Florida Department of Sta	d agent and the register	red office address as show	wn on the records of the	
<u>N</u>	lichael G. Park			
	N	ame		
<u>_1</u>	801 S Federal Hwy Ste 3	000	<u></u>	
	Ad	ldress		
<u>D</u>	elray Beach, FL 33483	oto and 7in	_ <u> </u>	
	•	ate and Zip	ECG >	
6. The name and address of the new registered agent and/or office:				
NI	RAI Services, Inc.		FILED L-3 AM AHASSEE,	
<u> </u>	Na:	me		
27	31 Executive Park Drive		70 =	
		P.O. Box NOT acceptable	-3 MII: 00 -3 MII: 00 HARY OF STATE HASSEE, FLORIDA	
<u>W</u>	eston I	L 33331		
	City, Stat	e and Zip		
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement of	age or changes are made registered agent will be a confirmed that the classification of the limited liability of the limited liability of	e, the Florida street addre be identical. Or, in the ca tange(s) was/were author as otherwise provided in	ess of the registered office ase of a Florida limited ized by an affirmative vote	
Variounds to tounion a to amining.	representative of a member)			
Michael G. Park, MCRM AU (Printed or typed name of signee)				
	nent as registered agen f all statutes relative to ccept the obligations o document is being file it the limited liability c	nt and agree to act in this the proper and complete f my position as registere d to merely reflect a char ompany has been notified	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office I in writing of this change.	
(Signature of Registered Agent)				

Karen Redman, Asst. Sec.

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

FILING FEE: \$25.00