L01000015002

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(1881888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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100038308161

06/30/04--01019--007 **25.00

NOF/07/04

04 JUN 30 AN IO: 56

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisic liability company submit agent, or both, in the Sta	ts the following statemen	or 608.508, F it in order to c	Florida Statutes change its regis	, the undersigned limited stered office or registered	
1. The name of the limit	ed liability company is:	JenRose, LL	.C	•	
2. The mailing address of	of the limited liability con	npany is: 110) Flagler Plaza	Drive	
Palm Coast, FL 32137		<u> </u>		-	
08/28/01			.01000015002		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registress Florida Department of	ered agent and the registe				
	3890 Turtle Creek Di	Name rive Suite B		CIVISI O4.	
	Port Orange, FL 321			O4 JUN 30 AM 10: 56	
City, State and Zip 6. The name and address of the new registered agent and/or office: Glenn Rose					
	Glenn Rose			9. A. S.	
	Name 336 Brown Pelican Drive			တ ်	
	Florida street address (P.O. Box NOT acceptable)				
	Daytona Beach	_{FL} 32119		•	
		te and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of limited the limited by the limited liability company.	hange or changes are mad the registered agent will reby confirmed that the cl ad liability company or as of the limited liability con	le, the Florida be identical (street address o	f the registered office	
Glenn Rose					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608 F.S. Or, if the address, I hereby confirm	ntment as registered ages s of all statutes relative to d accept the obligations o his document is being file that the limited liability o	nt and agree to the proper a of my position ed to merely re company has b	o act in this cap nd complete per as registered as flect a change i been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)	1010				

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

INHS18(10/99)

FILING FEE: \$25.00