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(Re	questor's Name)	
(Add	dress)	
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(Cit	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jalara, (Name of Limited L	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Paula Kiker	• · · · · · · · · · · · · · · · · · · ·
Lahaina Realty (Firm/Company)	OT SEP I
6035 Estero Blvd	O PM 3:
Fort Myers Beach, # 33 (City/State and Zip Code)	393/
For further information concerning this matter, please Haula Kiker at (2. (Name of Person)	2
STREET/COURTER 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 amoun	nt:
VICAS Filing Fee	7 \$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.
V2:/220 / //
2. The mailing address of the limited liability company is: 6035 Esteen Blvd.
Fort Myers Beach, 72 33931
02/03/2003
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Business Outsourcing Services
25/6/ Fairway Dunes Ct. Address
P. Address 7/ 2//2/
City, State and Zip
6. The name and address of the new registered agent and/or office:
Paula Kiker 5 = =
Name
6035 Estero Blud
Florida street address (P.O. Box NOT acceptable)
Fort Myers Beach, FL 3393/ City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Paula Kiker
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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

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