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(Danvastada Nana)				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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W. JAMES KELLY
C. KENNETH STUART, JR.
TIMOTHY O. COYLE

W. JAMES KELLY, P.A.

ATTORNEYS AND COUNSELORS AT LAW
TRIAL PRACTICE — PERSONAL INJURY
& WRONGFUL DEATH
WORKERS' COMPENSATION
TRIAL PRACTICE — GENERAL

TOLL FREE 1-888-398-1526 E-MAIL: jkellypa@verizon.net

PLEASE REPLY TO LAKELAND ADDRESS

1525 SOUTH FLORIDA AVENUE POST OFFICE BOX 2177 LAKELAND, FLORIDA 33806-2177 (863) 688-2405 FAX (863) 682-7818

144 EAST CENTER AVENUE SEBRING, FLORIDA 33870 (863) 471-9662

January 22, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: J&B, LLC

Ladies and Gentlemen:

I enclose the original signed Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company for filing. I also enclose a check in the amount of \$25.00 to cover the cost of filing. Thank you for your cooperation and assistance in this matter.

I am

Very truly yours,

W. JAMES KELLY, P.A.

W. James Kelly

WJK/klk

enclosures

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

•	·		giatered office or registered	
1. The name of the limit	ed liability company is: J	& B, LLC		
	f the limited liability compa		ointe Blvd., Suite 100,	
Tallahassee, Florida				
4/28/03		L03000015110		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registe Florida Department of	ered agent and the registere State: Janice T. Houff	ed office address as shown	n on the records of the	
	Na 1983 Centre Pointe Bo	ame oulevard, Suite 100	- 0 4	
	Tallahassee, Florida 3		04 JAN 23	
6. The name and address	of the new registered agent	te and Zip t and/or office:	ti. →	
W. JAMES			PM 1: 39	
	1525 SOUTH Nam	ne Florida Avenue	***	
		O. Box NOT acceptable)	
	LAKELAND F. City, State	T 33803	<u>_</u>	
	City, State	and Zip		
confirmed that after the c and the business office of liability company, it is he the members of the limite	npany is not organized undo hange or changes are made f the registered agent will be	er the laws of the State of the florida street address e identical. Or, in the case ange(s) was/were authorize therwise provided in the	ss of the registered office se of a Florida limited zed by an affirmative vote of	

Signature of a member or authorized representative of a member)

JANICE T. HOUFF (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 acceptance 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)

trina

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

FILING FEE: \$25.00