~L03000034717

(Requestor's Name)		
(Address)		
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EXAMINER

COVER LETTER

*		
TO: Registration Section Division of Corporations		
SUBJECT: JETT THOSE LLC Name of 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 this matter to the following:		
J. A. JETTINGHOFF Name of Person		
Firm/Company		
P.O. Box 4098		
Address		
DEBREION BENCH, FL 3344 Z		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
SASETINGHOFF at (_	954) 263-5233 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	·	
Enclosed is a check for the following 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 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.

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1. Name of the limited liability company:	THASE CCC
2. (a) Principal office address of limited liability compar	
(Note: MUST BE STREET ADDRESS)	POMPANO BENGCH, EC 33064
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	POBOX 4098 DEBRETELD ALH, FL 9314)
3. Date of filing/registration in Florida	<u>203 0000 34717</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	HRAWG CORP
Registered Office Address:	1806 N. MILITARY TRAJIC BOCA RATON FL 32431
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	JA, JBITINGHOFF
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	PONPARD BBACH, FL 33064
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee	Florida street address of the registere office ntical. Or, in the case of a Florida lineed s) was/were authorized by an affirmative vote.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my panguet is being filed to maderess. Thereby confirm that the limited liability compand	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signafure of Registered Agent	ZOUS!

Division of Corporations, P.O. Box 6327, Tallahassee, FL 323147 FILING FEE: \$25.00