## L0300052632

(Requestor's Name)					
Mrs Lauren Mencia §36 Springvale Rd Great Falls, VA 22066					
(City/State/Zip/Phone #)					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## 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.

1. The name of the limited liability company is:	JEST COLONIAL PARTNERS	LLC		*
2. The mailing address of the limited liability compar	ny is: <u>P. O. Box 22556, 1</u>	Гатра, З	Elorio	<u>ia</u> 33622
				<del></del> '
12-12-2003	L030000526.32			
3. Date of filing/registration in Florida	4. Document number			<del></del>
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the	records o	f the	
Edward A. McGint Nan				
101 East Kennedy Addr	Boulevard, Suite 2800		_	
Tampa, Florida 3			90	
City, State		돌	MAY	➣
6. The name and address of the new registered agent a	and/or office:	ASSEE, FLO	122	
Hugh M. Palmer		- <u>'</u> ''	70	
Name	: Boulevard" Suite 6 <b>-</b> A	155 155 155 155 155 155 155 155 155 155		Ö
Florida street address (P.C		<b>PAR</b>	<del>2</del>	
	. ,			
<u>Winter Park</u> FL City, State a		_		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the identical. Or, in the case of a Fage(s) was/were authorized by a otherwise provided in the artic	registered lorida lim n affirma	d office lited tive vo	te
(Signature dra/ member or authorized representative of a member)	<del></del>			
Juan A. Mencia (Printed or typed name of signee)				
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed to address; I hereby confirm that the limited liability con (Signature of Registered Agent) Hugh M. Palmer	and agree to act in this capacity he proper and complete perform ny position as registered agent to merely reflect a change in the npany has been notified in writi	e. I furthe lance of n as provide e registere ng of this	er agree ny dutie ed for i ed offic change	e to 28, n e e

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00