## 10300054229

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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DR						

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: JEREMY ROACH, LLC	imited Liah	ility Company)	<del></del>	
(realite of L	Jiiiiteu Liau	inty Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change	e and fee(s) are submitted for	filing.	
Please return all correspondence concerning	this matter to	o the following:		
			07 APR 19 PM 2: 03 SECRETARY OF STATE FALLAHASSEE FLORIDA	
DEL MALAURIA MARA			APR CERE	
DEVIN NEWMAN (Name of Person)	<del></del>	<del></del>	AHASS NR 19	
(Name of Ferson)			SFF	
ALL FLORIDA FIRM, INC.			F 2 2	
(Firm/Company)		_	33	
			<b>D</b> ,	
465 S. VOLUSIA AVE. SUITE C				
(Address)		<del></del>		
OBANCE CITY EL 22762				
ORANGE CITY, FL 32763 (City/State and Zip Code)		<del>_</del>		
` ' '				
For further information concerning this matte	er, please cal	II:		
JEREMY ROACH	at ( 352	, 596-0972		
(Name of Person)	_ at ( <u>002</u>	(Area Code & Daytime Teler	— ohone Number)	
· ·			,	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section			
Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 3230!	Tallahassee, Florida 32314			
Enclosed is a check for the followin	ig 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.

1. The name of the limite	ed liability company is	: JEREMY R	OACH, LLC	····	
2. The mailing address o	f the limited liability c	company is : _	13021 OSPREY AVE	NUE	
BROOKSVILLE FL 346	14 US				
12/18/2003			L03000054229		
3. Date of filing/registrat	ion in Florida		4. Document number		
5. The name of the register Florida Department of	State:		address as shown on the	he records of the	
	JEREMY ROAC				
	13021 OSPREY A	Name AVENUE			
		Address		$\vec{P}_{i,0}$	
	BROOKSVILLE F		· · · · · · · · · · · · · · · · · · ·		
	City	, State and Zi	p	AHAN APR	
6. The name and address	of the new registered a	agent and/or o	office:	J. J	
	ALL FLORIDA FII	RM, INC.		F. 22 T.	
	465 S. VOLUSIA A	Name AVE. SUITE	C	1 2: 03	
	Florida street addres	ss (P.O. Box l	NOT acceptable)	377 33	
	ORANGE CITY	FL 3276	33		
	City,	State and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author	nange or changes are not the registered agent we reby confirmed that the nited liability company at of the limited liability company ized representative of a member of the limited liability.	made, the Flor vill be identicate change(s) was or as otherway ty company.	rida street address of thal. Or, in the case of a vas/were authorized by	ne registered office Florida limited an affirmative vote	
(Printed or typed name of signee)  I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the provision and I are the chapter so, I hereby confirm		agent and agr ve to the prop ns of my posit filed to mere ity company h	ee to act in this capaci er and complete perfor ion as registered agen ly reflect a change in t as been notified in wri	ity. I further agree to rmance of my duties, t as provided for in he registered office iting of this change.	

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

MOM

(Signature of Registered Agent)