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Division of Corporations

: (850)617-6380

From!

: O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED Account Name

Account Number : 073077002560 : (772)231-6900 : (772)231-9729 Fax Number

REGISTERED AGENT CHANGE

BAILEYS JPM, LLC

Certificate of Status	1
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Corporate Filing Menu

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EXAMINER

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D'HAIRE, QUINN, CANBLER

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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. Name of the limited liability company: BAILEYS JPM, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	140 Sado Palm Road Vero Beach, FL 32963	
02/04/2004 3. Date of filing/registration in Florida	L0400009481 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent: Registered Office Address:	Philip Mackler 5903 Northridge Drive North Naples, FL 34110	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	David J. Strupp 140 Sago Palm Road	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby continued 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. **Company** **Compa		
David J. Strupp (Printed or typed name of signes) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pramfamiliar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.	

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

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(Signature of Registered Agent)