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Office Use Only



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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 lia	bility company is: _	JENKINS	CONTRACTIO	W, LLC		
2. The mailing address of the	limited liability com	pany is : P	OST OFFICE	BOX 1734	<u> </u>	
LAKE CITY, FLORIDA	32056			,	,	
2/12/04			L,090001	1456		
3. Date of filing/registration in Florida		4.	4. Document number			
5. The name of the registered a Florida Department of State	:				f the	
 -	Spiesel + utra	RA, P.A.	 			
t o		Name				
	840 CORHL WAY A	ddress		•		
;	114M1, FL 3314 City, S	5				
	City, S	tate and Zip		•		
6. The name and address of th	e new registered age	nt and/or offic	ce:			
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	MICHAEL CHRIST	iaw jewk ame	125	1/6	10	
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<u></u>	AKE CITY City, Sta	te and 7in	29	- · - · - · · - · ·	= 11	
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If the limited liability company confirmed that after the change and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the	e or changes are made registered agent will confirmed that the confirmed on as	de, the Florida be identical. hange(s) was/ otherwise pro	i street address o Or, in the case o were authorized	of the registered of a Florida lim by an affirmat	d office lited live vote of	
Mich Jula	/					
Signature of a member or authorized re	epresentative of a member)					
MICHAGL JENKINS						
(Printed or typed name of signee)		-		÷		
I hereby accept the appointme comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this a address, I hereby confirm that		ent and agree to the proper of of my position ed to merely i company has	to act in this cap and complete pe 1 as registered a reflect a change been notified in	pacity. I furthe rformance of n gent as provid in the registere writing of this	r agree to ny duties, ed for in ed office chänge.	
(Signature of Registered Agent)				1		

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

INHS18(10/99)

FILING FEE: \$25.00