10400020306

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name) (Business Entity Name) (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Office Use Only		



900065426919

02/09/06--01021--011 **25.00

06 FEB -9 /N 9: 36

COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: J and W Equities, L.L.C> (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Theodore J. Hamilton (Name of Person)	
Wetherington Hamilton Harrison & F (Firm/Company)	Fair, P.A.
P.O. Box 172727	
(Address)	
Tampa, FL 33672-0727	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Theodore J. Hamilton at ((813) 225-1918 x17
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
✓ \$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 limited liability company is: J and W E	Equities, L.L.C		
2. The mailing address of the limited liability company is:			
4915 Cypress Street, Suite 200, Tampa, FL 33607			
3/16/2004	L04000020306		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office Florida Department of State: Theodore J. Hamilton	address as shown on the records of the		
Name			
400 N. Tampa St.; Suite 2625 Address			
Tampa, FL 33602	A REP		
City, State and Zip			
6. The name and address of the new registered agent and/or office:			
Theodore J. Hamilton			
Name 1010 N. Florida Ave. Florida street address (P.O. Box	도 영화 크 		
Tampa FL 336	602		
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed 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.			
(Signature of a member or authorized representative of a member)			
Theology J. Hanith			
(Printed or typed name of signce)	•		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, whereby confirm that the limited liability company signature of Registered Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00