

L04 000032967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

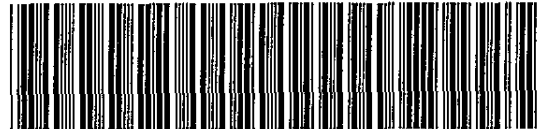
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 24 2004

LAW OFFICE OF
DONALD B. MEDALIE, P.A.
CUMBERLAND BUILDING, SUITE 302
800 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33301

DONALD B. MEDALIE, ATTORNEY
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TELEPHONE (954) 522-5303
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May 12, 2004

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

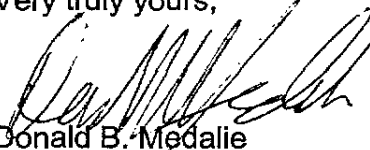
RE: UNIT 11 JAHBSP, LLC 02068-004
Filing Fee – Change of Registered Agent

Dear Sir or Madam:

I am enclosing the original certificate designating change of registered agent along with my check in the amount of \$35.00.

Please reflect the change of registered agent for this limited liability company.

Very truly yours,



Donald B. Medalie

DBM:ef
Enclosure

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May 11 04 10:03p

May-11-04 10:40A Donald B Medalie

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CERTIFICATE DESIGNATING CHANGE OF REGISTERED AGENT

In compliance with section 608.416 OR 608.508, Florida Statutes, the following is submitted:

- 1) Name of the Limited Liability Company is
UNIT 11 JAHBSP, LLC
- 2) The date of filing or registration in Florida was
April 29, 2004
- 3) The document number is 104000032967.
- 4) The current Registered Agent is Filings, Inc. and the street address of the Registered Office is 3732 N.W. 16th Street, Fort Lauderdale, Florida 33311
- 5) The name of the successor Registered Agent is
Jo Ann Hoffman.
- 6) The street address of the new Registered Office is
4403 West Tradewinds Avenue, Lauderdale-By-The-Sea, FL 33308
- 7) Such change of Registered Agent and Registered Office was 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.

Date May 11, 2004 Signature 
(Member or authorized representative of Member)
Jo Ann Hoffman

I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608, Florida Statutes.

Date: May 11, 2004 Signature 
Jo Ann Hoffman

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