L04000035820

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N. Guilligen APR 0 4 2007

COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: JS Redington Investments, L (Name of Limited	LC Liability Company)				
Dear Sir or Madam:	·				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Mahlon H. Barlow, Esq.					
(Name of Person)					
Sivyer Barlow & Watson, P.A.					
(Firm/Company)	,				
100 S. Ashley Drive, Suite 2150	· ·.				
(Address)	.				
Tampa, FL 33602					
(City/State and Zip Code)					
For further information concerning this matter, plea	se call:				
Mahlon H. Barlow, Esq. at (8	13) 221-4242				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amo	unt:				
№ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (8/05)

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.

3	V					
1. The name of the limite	d liability company is:	JS Redington	Investments, LLC	,		
2. The mailing address of	the limited liability co	mpany is : The	e Kress Building, Su	ite 205,		
475 Central Avenue, St						
 						
11111			L04000035820			
3. Date of filing/registrat	ion in Florida	4.	Document number			
5. The name of the registe Florida Department of	ered agent and the regist State:	tered office add	dress as shown on the	records of	the	
	Ernest L. Mascar	ra				
		Name				
	475 Central Avenu		<u> </u>	₹SE	07	
		Address		Z-2	₽	
	St. Petersburg, Fl	State and Zip		E E	7 0 π	
< T1 1 11	•	•		SS	ယ် 🔚	
6. The name and address	of the new registered ag	gent and/or offi	ce:	H _G	-3 PM	
	Mahlon H. Barlow	. Esa.		四次	FILED APR -3 PH 12: 07	
		Name		82 82	0	
	100 S. Ashley Drive	e, Suite 215	0		—	
	Florida street address	s (P.O. Box NO	T acceptable)	-		
	Tampa	FL 33602				
	City, S	tate 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 of author)	hange or changes are months the registered agent with reby confirmed that the nited liability company at of the limited liability	ade, the Florida ill be identical. change(s) was or as otherwise y company.	a street address of the Or, in the case of a F were authorized by a	registered lorida limi ın affirmati	office ted ive vote	
Steve Gianfilippo (Printed or typed name of signee)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm		gent and agree e to the proper s of my position filed to merely t y company has	to act in this capacity and complete perform as registered agent reflect a change in the been notified in writi	in I further iance of my as provided registered ing of this c	agree to y duties, d for in d office change.	
(Signature of Registered Agent)						
Divisio	on of Corporations, P.	O. Box 6327, T	Fallahassee, FL 3231	14		

FILING FEE: \$25.00

INHS18 (8/05)