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SEGRETARY OF STATE TALLAHASSEE, FLORIDA





COVER LETTER

TO:	Registration Section Division of Corporations		,		
SUBJ	ECT: JBJ, LLC				
	(Name of	Limited Liab	oility Company)		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office Chang	ge and fee(s) are submit	ted for filing.	
Please	return all correspondence concerning	g this matter	to the following:		
					•
Brian	Pincket				
	(Name of Person)				
וחו					
JBJ,	(Firm/Company)				
				• • •	
9016	Philips Hwy.				
	(Address)		ي وفين مواريد معالم خياما	,	
Jacks	onville, FL 32256				
	(City/State and Zip Code)			21 7A: 7A:	
	•		•	LECR DIECR	- अवस्थित
For fu	rther information concerning this mat	tter, please ca	ill:		···ywyaic Kalinga
			700 0700	SEC -	j L
Brian	Pincket	at (_904	739-2722		ر المراجعة المراجعة المراجعة
	(Name of Person)		(Area Code & Daytin	ne Telephone Numo	CI) made
	STREET/COURIER ADDRESS: Registration Section ! Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314	ŀ	
	Enclosed is a check for the following	ing amount:			
	 ✓ \$25 Filing Fee		\$55 Filing Fee & Certif	fied 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 limi	ted liability company is: JBJ, LLC	
2. The mailing address	of the limited liability company is: 9016 Ph	ilips Hwy., Jacksonville, FL 32256
June 15, 2004	L0400	0044944
3. Date of filing/registra	ation in Florida 4. Do	cument number
5. The name of the regis Florida Department o	tered agent and the registered office address f State: William Perez Name	as shown on the records of the
	9016 Philips Hwy	
	Address	2007 JUL 13 SECRETARY TALLAHASS
	Jacksonville, FL 32256	<u> </u>
	City, State and Zip	IL 13
6. The name and addres	s of the new registered agent and/or office:	$\overline{\mathbf{u}}_{\sim}$
	Brian Pincket	
	Name 9016 Philips Hwy.	STATE STATE
	Florida street address (P.O. Box NOT a	cceptable)
	Jacksonville, FL 32256	
	City, State and Zip	
confirmed that after the and the business office cliability company, it is hof the members of the lor the operating agreem	ompany is not organized under the laws of the change or changes are made, the Florida stroof the registered agent will be identical. Or, hereby confirmed that the change(s) was/we imited liability company or as otherwise proent of the limited liability company.	eet address of the registered office in the case of a Florida limited re authorized by an affirmative vote
William Perez		
(Printed or typed name of signe	•	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F. S. Or, is address, I hereby contri (Signature of Registers) Agent	ointment as registered agent and agree to a ons of all statutes relative to the proper and and accept the obligations of my position as f this document is being filed to merely refle in that the limited liability company has bee	ct in this capacity. I further agree to complete performance of my duties, registered agent as provided for in a change in the registered office in notified in writing of this change.
	, C	sharpes EL 20214
Divis	ion of Corporations, P.O. Box 6327, Talls FILING FEE: \$25.00	massee, FL 32314