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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOLLY BAY COMPANY LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
VOLLY BAY COMPANY LLC (Firm/Company)
223 Sunset I BAIL (Address)
FREEPORT FL 32439 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 835-1748 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times\$ \$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: JOLLY BAY COMPANY LLC.
2. The mailing address of the limited liability company is: 223 SUNSET.
IRAIL, TREEPORT FL 32439
7/2/04 20400053915
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
LEGALZOAM. COM
7083 Hayer Jaco Bryon Su. 180
Name Name
6. The name and address of the new registered agent and/or office:
Roy Goow, Name
Name Name
223 SUNSET TRAIL
Florida street address (P.O. Box NOT acceptable)
FREEPORT FL 32439 PS 5 TO City, State and Zip
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)
(Printed or typed name of signee)

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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00