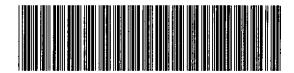
10400055929

(Re	equestor's Name)	
(Ad	dress)	
•		
(Ad	dress)	
(* 100	4,000)	
(Cit	ty/State/Zip/Phone	e #)
		_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
\	,	,
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	•	
-100 dan		
184 107	671	

Office Use Only

L04-659.29



900111220189

10/29/07--01063--006 **3**5**.00

07 DEC 31 AM 9: 37
SECRETARY OF STATE
SECRETARY OF LORIDA

8005 S NAL asmost MA S 2008

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: JCA (Onstruction 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:
Wanda Adama (Name of Person)
JCA Construction LLC. (Firm/Company)
3193 Newmark Dr.
Deltuna FL 32738 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 856-4750 (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 amount:
\$25 Filing Fee \$\ \tag{\$55 Filing Fee & Certified Copy}\$\$ \$35 Chack has previously been \$\ \text{Submitted: & Sea (over letter}\$\$



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2007

WANDA ADAME 3193 NEWMARK DR DELTONA, FL 32738

SUBJECT: JCA CONSTRUCTION LLC

Ref. Number: L04000055929

We have received your document for JCA CONSTRUCTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 507A00063460

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: JCA Construction LLC.
2. The mailing address of the limited liability company is: 3193 New mark De
Deltuna FL 32738
7/28/2004 3. Date of filing/registration in Florida L04000055929 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: Name Name 3193 Newmark Dr. Address Delfona FL 32738 City, State and Zip
6. The name and address of the new registered agent and/or office:
Name 3193 Newmark Dr. Florida street address (P.O. Box NOT acceptable) Deltona FL 32738 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 Lam 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