## L04000056621

(Re	equestor's Name)	
(Ac	ddress)	
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## 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 limite	d liability company is:	JJR PROPERTIES, LLC	>	
2 The mailing address of	the limited liability co	mpany is : 13363 S.W. 66	TH TERRAC	Œ .
MIAMI, FL. 33183	the minute madily occ			
7/30/2004		L040000566	21	·
3. Date of filing/registration in Florida		4. Document n	umber	
5. The name of the register Florida Department of S	red agent and the regist State: RICARDO PORRAS		n on the record	is of the
	5590 N.W. 163 STF	Name REET		
	MIAMI, FL 33014	Address State and Zip	TALLAHASSEE, FLORIDA	04 AUG - 5
6. The name and address	of the new registered ag	gent and/or office:	ASS	Ch Comm
	RICARDO PORRAS, C.P.A.			PH T
	13363 S.W. 66 TER	Vame RRACE	- FLORI	<sup></sup>
	Florida street address	(P.O. Box NOT acceptable	5	•
	MIAMI, FL 33183	FL		
	City, S	tate and Zip		
confirmed that after the cl and the business office of liability company, it is her	nange or changes are marthe registered agent with the confirmed that the disability company or a fithe limited liability confirmed that the limited liability confirmed that the limited liability confirmed the liability con	ander the laws of the State of ade, the Florida street addressed in the case change(s) was/were authories otherwise provided in the company.	ss of the regist se of a Florida zed by an affir	ered office limited mative vote of
RICARDO PORRAS				
(Printed or typed name of signee)				_
I hereby accept the apportant the provision and I am familiar with an Chapter 508, F.S. Or, if address, I hereby confirm	intment as registered as sof all statutes relative dates a comment is being fination that the limited liability that the limited liability	gent and agree to act in this to the proper and complete s of my position as registere iled to merely reflect a chan y company has been notified	capacity. I fur performance d agent as pro lige in the regis I in writing of	rther agree to of my duties, wided for in stered office this chänge.
(Signature of Registered Agent)	CPA CPA			

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

INHS18(10/99) FILING FEE: \$25.00