L04000004221

(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	; #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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SECOND SECT FIREIDA

T. Brumbley APR 6 2005

COVER LETTER

TO:		ment Section n of Corporations	
SUBJ	ECT:	WAYNE JACKON ENTERPRISES, 21 (Name of corporation)	LC

DOCUMENT NUMBER: <u>LO 4000 64 22/</u>

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOWARD HERRING MGRM
(Name of contact person)

WAYNE JACKSON ENTERPRISES, MC

3645 N. E. 18TH COURT
(Address)

OCALA, FL 34479
(City/state and zip code)

For further information concerning this matter, please call:

at (352) 732-9834 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 17, 2005

HOWARD HERRING WAYNE JACKSON ENTERPRISES, LLC 3645 NE 18TH CT OCALA, FL 34479

SUBJECT: WAYNE JACKSON ENTERPRISES, LLC

Ref. Number: L04000064221

We have received your document for WAYNE JACKSON ENTERPRISES, 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):

The form you sumbitted is to change the registered agent of a corporation.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 305A0001845

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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.

2. The mailing address of the limited liability company is: 3645 N.E. 1844 Court. 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: Name Name Name Name Out 1 34479 City, State and Zip 6. The name and address of the new registered agent and/or-office:	1. The name of the limited liability compa	any is: WAYNE JACKSON ENTERPRISES, W.
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: Name	2. The mailing address of the limited liab	ility company is: 3645 N.E. 1814 Caust.
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Florida Department of State: Name Address Address Out	3. Date of filing/registration in Florida	4. Document number
Address City, State and Zip 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Florida street address 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 commance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F. S. Or, if this document is being filed to merely reflect a change in the registered office address, higher by confirm that he limited liability company has been notified in writing of this change. (Signature of Registered Agent)	Florida Department of State:	·
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(Signature of Registered Agent)	(Printed or typed name of signee)	-
	September 1	
		ons, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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