

L04000069675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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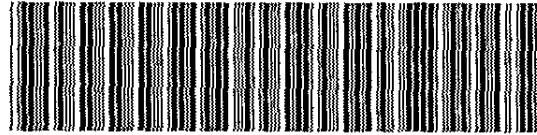
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan SEP 13 2006

MARCHENA & GRAHAM, P.A.

ATTORNEYS AT LAW

**MARCOS R. MARCHENA
KEITH A. GRAHAM
YOVANNIE RODRIGUEZ**

**DIEGO "WOODY" RODRIGUEZ
CHRISTOPHER J. WILSON**

**976 LAKE BALDWIN LANE, SUITE 101
ORLANDO, FLORIDA 32814
TELEPHONE (407) 658-8566
TELECOPIER (407) 281-8564**

WRITER'S E-MAIL: CJORDAN@MGFIRM.COM

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

From: Christina S. Jordan *CSJ*

Date: September 8, 2006

Re: Jack and Irving, LLC

With regard to Jack and Irving, LLC, enclosed please find a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and a check made payable to the Department of State in the amount of \$35.00.

Please forward a reimbursement check to Marchena and Graham, P.A. in the amount of \$10.00 as a refund of the enclosed \$35.00 check.

If you have any questions, please do not hesitate to contact me at (407) 658-8566.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jack and Irving, 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:

Christina Jordan
(Name of Person)

Marchena and Graham, P.A.
(Firm/Company)

976 Lake Baldwin Lane, Suite 101
(Address)

Orlando, FL 32814
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Jordan at (407) 658-8566
(Name of Person) (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

☐ \$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: Jack and Irving, LLC

2. The mailing address of the limited liability company is : P.O. Box 2385, Redondo Beach,
CA 90278

10/7/2002

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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:

Yovannie Rodriguez

Name

233 S. Semoran Blvd.

Address

Orlando, FL 32807

City, State and Zip

6. The name and address of the new registered agent and/or office:

Yovannie Rodriguez

Name

976 Lake Baldwin Lane, Suite 101

Florida street address (P.O. Box NOT acceptable)

Orlando

FL 32814

City, State and Zip

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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.

Joseph Mogel
(Signature of a member or authorized representative of a member)

Joseph Mogel

(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.

Yovannie Rodriguez
(Signature of Registered Agent)

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

FILING FEE: \$25.00