L04000082123

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	istration Section sion of Corporations							
SUBJECT:	Juno Capital, LLC							
	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return	n all correspondence concerning this matte	r to the fol	lowing:					
Daniel R.	Sheehan							
	Name of Person							
Juno Capi	ital, LLC							
	Firm/Company							
11814 Lak	ke Shore Place							
	Address							
North Pair	m Beach, FL 33408							
	City/State and Zip Code	,						
danrsheet	nan@gmail.com							
E-mail	address: (to be used for future annual repo	ort notifica	tion)					
For further in	nformation concerning this matter, please	call:						
Daniel R.	Sheehan at (61	301-3870					
	Name of Person	1	Area Code & Daytime Telephone Number					
Regi Divi Clift 2661	EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314					
Enc	Enclosed is a check for the following amount:							
2 \$2	25 Filing Fee	355 \$	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 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Juno Capita	il, LLC				
2. (a)	Juno Capital, LLC	(h) Juno Ca	(b) Juno Capital, LLC			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabil (Note: MAY BE POST OFF			
	11814 Lake Shore Place	11814 L	11814 Lake Shore Place			
	North Palm Beach, FL 33408	North Pa	alm Beach, FL 33408			
	11/12/2004	L040000	82123			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	WHITE, K. TAYLOR					
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Stat	e:			
	2200 MUSEUM TOWER					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	-			
	150 WEST FLAGLER ST					
	Miami	, 33130	-	<u> م</u> ب	Ţ.	
	, t	'L	_	LVH 5		
(b)	Daniel R. Sheehan			AY -	12; 7, 124	
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	-	တ်		
				呈		
		·	_	င်သူ	話式	
	NEW Registered Office Address:			22		
	11814 Lake Shore Place		_			
	North Palm Beach	_{FL} 33408				
the cha agent v was/wa	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited reauthorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered office liability company, it is of the limited liabilit	e and the business office of s hereby confirmed that the cy company or as otherwis	of the r	registered	
	1 Jan XX	Daniel R. Sh				
Signa	ture of a member of authorized representative of a member		Printed or typed name of sign	ee		
provisi the obl to mer	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple leations of my position as registered agent as provid by reflect a change in the registered office address, i yn writing of this change.	gree to act in this cap te performance of my ted for in Chapter 602 I hereby confirm that	acity. I further agree to c duties, and I am familiar v 5, F.S. Or, if this documen the limited liability compo	comply with a nt is be any ha	with the nd accept ing filed s been	
Signatu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00