## L040006 91706

<del></del>	(Requestor's Name)	<u></u>
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<u> </u>	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
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## **COVER LETTER**

Division of Corporations			
SUBJECT: JR Properties LLC (Name of	Limited Liabi	lity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Change	e and fee(s) are submitted	l for filing.
Please return all correspondence concerning	this matter to	the following:	
Jeff Rouse			7 0
(Name of Person)	, ,	<del></del>	)5 NO SECO ALLA
JR Properties LLC			OS NOV 16 PM 12: 38 SECHE PART OF STATE FALL ATTACKS OF FLORIDA
(Firm/Company)			<u>1</u>
15591 99st North			2: 3: STATE SAIDA
(Address)			- 4
West Palm Beach Fl, 33412			
(City/State and Zip Code)		<del></del>	
For further information concerning this matt	er, please cal	1:	
Jeff Rouse	at (561	) 239-3802	
(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	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	

\$55 Filing Fee & Certified Copy

INHS18 (8/05)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Jf	R Properties LLC	
•		
	any is : 118 Fernwood Crest Royal Palm Beach	
FI 33411		
12/13/2004	L04000091706	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered	ed office address as shown on the records of the	
Florida Department of State:		
<u>James Rocco</u>	ame	
118 Fernwood Cre		
	dress	
Royal Palm Beach Fl, 33411		
City, Sta	te and Zip	
6. The name and address of the new registered agent	and/or office:	
Jeff Rouse	O. Box NOT acceptable)	
Nam	ne 250 <b>10</b>	
15591 99st North		
Florida street address (P.	O. Box NOT acceptable)	
West Palm Beach Fl	L 33412 💆 💆	
City, State		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability co	er the laws of the State of Florida, it is hereby the Florida street address of the registered office	
(Signature of a member or authorized representative of a member)		
DEFF ROUSE MNG		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, thereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany 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

INHS18 (8/05)