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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		1
		3230
	Office Use On	x 1118



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2006

JEFFREY N BAUMRUCKER 8135 CHANNEL DR PORT RICHEY, FL 34668

SUBJECT: J&M LOGGERHEAD, LLC

Ref. Number: L05000008237

We have received your document for J&M LOGGERHEAD, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 006A00022368

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 Jak M	Lassashaa	A
1. The name of the limited liabi	ility company is:	Loggerrea	<u> </u>
2. The mailing address of the li	mited liability company is:	8135 Channel	<u> </u>
PORT Richer	x FL 34668		
3. Date of filing/registration in		LOSOCOOS 4. Document number	3237
5. The name of the registered ag Florida Department of State:	ent and the registered office Marga R. Sh Name Name Address City, State and 2	address as shown on the reco efman Us Blad C, FL 34695	ords of the 06 MAY 23 PM 4:01 SECTION OF STATE TALLAHASSEE, FLORID
6. The name and address of the	new registered agent and/or	office:	F. O.
Flor	Name Name Name Name Name Name Name Name	NOT acceptable)	STATE STATE LOAIDA
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby c the members of the limited liab the operating agreement of the	or changes are made, the Flo egistered agent will be identic onfirmed that the change(s) villety company or as otherwise	orida street address of the reg cal. Or, in the case of a Flori was/were authorized by an af	istered office da limited firmative vote of
(Signature of a member or authorized rep	resentative of a member)		
	imructur		
(Printed or typed name of signee)			
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptage of the control of the con	nt as registered agent and ag ll statutes relative to the propert the obligations of my posticument is being filed to mer the limited liability company	ree to act in this capacity. I per and complete performantition as registered agent as pely reflect a change in the re has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Registered Agent)			
Division of o	Corporations, P.O. Box 632	27, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)