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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jefferson Place, LLC. (Name of Limited L	iability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please rotum all correspondence concerning this matt	er to the following:	
A respectored and correspondence collecturing this little	er to the following.	
Daniel W. Hartman (Name of Person)		
Ard, Shirley & Hartman, P.A. (Firm/Company)		SECRETAR DIVISION OF C
207 West Park Avenue, Suite B		
Tallahassee, FL 32301 (City/State and Zip Code)		. 85
For further information concerning this matter, please	e call:	
Daniel-W, Hartmanat (85	sn 577-6500	
(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 amou	nt:	
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INHS18 (8/05)

Received Time tal 6 12:110M

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: Jefferson Place, LLC. 2. The mailing address of the limited liability company is : P.O.Box 684, Eastpoint, FL 32328 02/03/2005 L05000011383 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: Curtin, Jeane B ESQ. c/o Ard, Shirley & Hartman, P.A. Name 207 West Park Avenue, Suite B Address Tallahassee, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: Hartman, Daniel W. Name 207 West Park Avenue, Su<u>ite B</u> Florida street address (P.O. Box NOT acceptable) Tallahassee City, State and Zip 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. (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, H.S. Or, if this document is being filled 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.

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

INHS18 (8/05)

ignature of Registered Agent)

From the Law Offices of

ARD, SHIRLEY & HARTMAN, P.A.
POST OFFICE BOX 1874
207 WEST PARK AVENUE, SUITE B
TALLAHASSEE, FL 32302-1874
Phone: 850-577-6500

Fax: 850-577-6512

FACSIMILE TRANSMISSION

TO:

Mr. Jamle D. Crum

FAX #: 850-670-1700

FROM:

Milit Aschauer on behalf of

Ms. Jeanne B. Curtin

SUBJ:

Resignation / Change of Registered Agent

DATE:

July 6,2006

Pages including cover:

CLIENT #:

Dear Mr. Crum:

Ms. Jeanne Curtin will be leaving our office and Mr. Hartman will take her place as
Registered Agent for all active corporations. Please find the resignation form reflecting the
change from Ms. Curtin to Mr. Hartman as Registered Agent for SHJ, LLC., Washington,
Place, LLC. and Jefferson Place, LLC. Once you have executed the document, please send
the original to my attention at the above-listed address, for filing with the Florida
Department of State.

Thank you for your attention in this matter.

Milli Aschauer

INOTICE:

This message involves a privileged attorney/client communication. If this message has been received in error, please destroy this facsimile, and any attachments, and notify the sender of the error in communication.

If any part of this message is not received, please contact us at 850/577-6500.