## 105000025769

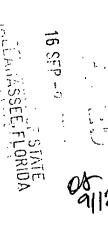
.(Re	questor's Name)			
(Add	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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		!		

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## COVER LETTER

Divi	sion of Corporations				
SUBJECT:	S.J.M. Kings Court, LLC				
ochone.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Office C	hange and fo	ee(s) are submitted for filing.		
Please return	all correspondence concerning this ma	itter to the fo	ollowing:		
Mike Blum	enfeld				
	Name of Person		-		
	Firm/Company		_		
7425 Broo	kstone Circle		_		
	Address				
Flowery Bi	ranch, GA 30542				
	City/State and Zip Code		_		
mike@mik	eandjan.com				
E-mail	address: (to be used for future annual r	eport notific	ation)		
For further in	nformation concerning this matter, plea	se call:			
Mike Blum	enfeld at	305	608-0107		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Encl	osed is a check for the following amo	unt:			
<b>☑</b> \$2	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy		

TQ: Registration Section

## 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.

	%Mike Blumenfeld		%Mike Blumenfeld
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7425 Brookstone Circle		7425 Brookstone Circle
	Flowery Branch, GA 30542	,	Flowery Branch, GA 30542
	03/14/2005	I	L05000025769
3. 5. (a)	Date of filing/registration in Florida  Mike Blumenfeld	4.	Document number
6. (a)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:
	9740 SW 148th. Street		<u>.</u>
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	E G SEF
	Miami,	<sub>FL</sub> _33176	SEP 10 SE
(b)	Jack R. Blumenfeld		dress:
• •	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	dress:
	8355 SW 87th. Court		
	NEW Registered Office Address:	<del>, .</del>	
	Miami	33173	
ne cha gent v vas/we	imited 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 ere authorized by an affirmative vote of the members teles of organization or the operating agreement of the	of the regist liability cor s of the limi	stered office and the business office of the regist ompany, it is hereby confirmed that the change(s) sited liability company or as otherwise provided
	dotloop verified 97/27/67:12PM EDT TPP-0JDC SPWB-FWCP		k R. Blumenfeld
Signa	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
rovisi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid ly reflect a change in the registered office address,	te nertorma	ance of my duties, and I am familiar with and ac
-4:0	d in writing of this change.		

Signature of Registered Agent