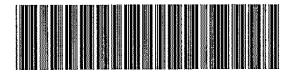
## L05000033982

	Request	or's Name)	
	(Address)		
	(Address)	)	
	(City/Stat	e/Zip/Phone	e #)
PICK-UP	· _	WAIT	MAIL
	(Business	s Entity Nar	ne)
	(Docume	nt Number)	
Certified Copies			s of Status
The transfer of the finding the lates of the		- <b>y</b>	
arne Hability			
ocument			
Examiner	DUL Of	fice Use On	ly
Jpdater	ייינ		
lpdater lerifyer	DCC		
Vokna ritori jakaen <b>t</b>	DCC		
C. P. Verifyer	DCC		

ŧ



300058432453

00/12/05--01022--000 \*\*25.00

## LYNCH, COX, GILMAN & MAHAN P.S.C.

500 WEST JEFFERSON STREET, SUITE 2100 LOUISVILLE, KENTUCKY 40202-2812 (502) 589-4215 Fax (502) 589-4994 E-mail: bmarshall@lcgandm.com

ROBERT A. MARSHALL

INDIANA OFFICE:
521 E. 7TH STREET
JEFFERSONVILLE, INDIANA 47130
TELEPHONE
(812) 283-7838

August 8, 2005

Florida Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for JPMS Properties, LLC

Dear Sir or Madam:

Enclosed please find two copies of the above-mentioned document and our firm's check in the amount of \$25.00 for filing fees.

Please place this document of record and return it to us in the enclosed, self-addressed envelope.

Your help in this matter is greatly appreciated.

Very truly yours,

Robert A. Marshall

RAM/ac Enclosures

T:\CLIENT\Gosnell\secrtary of state ltr 8-8-05.wpd

## 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:	JPMS Properties, LLC
2. The mailing address of the limited liability comp	any is: 4411 Deepwood Drive
	Louisville, KY 40241
April 5, 2005	L05000033982
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the
Jeffry Gosnell	
Na	ame
<u>730 Lagoon Road</u> Ad	dress
Vero Beach, FL	32963-2259
City, Sta	te and Zip
6. The name and address of the new registered agent	and/or office:
Jeffry Gosnell	
Nan	ne
190 Pinellas La	ne. Unit # 405
Florida street address (P	O. Box NOT acceptable)
Cocoa Beach F	<u>L 32931</u>
City, State	and Zip
If the limited liability company is not organized und	er the laws of the State of Florida, it is hereby
confirmed that after the change or changes are made and the business office of the registered agent will be	e identical. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the cha	inge(s) was/were authorized by an affirmative vote of
the members of the limited liability company or as o	therwise provided in the articles of organization or
the operating agreement of the limited liability comp	pany.
X de tour	
(Signature of a member or authorized representative of a member)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Inffra Coopell	
Jeffry Gosnell (Printed or typed name of signee)	
I havely accept the appointment as registered agen	t and coree to act in this canacity. I further coree to
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. I hereby confirm that the limited liability co	t 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 I to merely reflect a change in the registered office ompany has been notified in writing of this change.
	1 2

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)

(Signature of Registered Agent)