105000039944

(Re	equestor's Name)			
ERIK C. LARSEN, P.A. 243 W. Park Ave., Suite 201 Winter Park, Fl. 32789				
(Cit	ty/State/Zip/Phone	e #)		
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185,39944 Odl

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 lia	ability company is: JORDY EN	ITERPRISES, LLC	
2. The mailing address of the	e limited liability company is:	<u> </u>	
_	TE. 18, BOCA RATON, FL 3343		
2230 DOO!!!O!! DEVD., O!	72. 10, BOOK (41 ON, 1 E 3040	<u> </u>	
04/22/2005	· 	L05000039944	
3. Date of filing/registration i	in Florida	4. Document number	
5. The name of the registered Florida Department of State	agent and the registered office	e address as shown on the	records of the
ER	RIK C. LARSEN		
	Name		
243 W. PARK AVE., STE. 201			
	Address		
WII	NTER PARK, FL 32789	7:	
	City, State and 2	Lip	
6. The name and address of th	ne new registered agent and/or	office:	
GR	RAHAM COE		
	Name		
2298 BOCA RATON BLVD., STE. 18			
Flo	lorida street address (P.O. Box	NOT acceptable)	
BOO	CA RATON FL 334	31	
	City, State and Zi	p	
If the limited liability company confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of (Signature of a member or authorized to GRAHAM COE	ge or changes are made, the Floregistered agent will be identified confirmed that the change(s) I liability company or as other the limited liability company.	orida street address of the cal. Or, in the case of a F was/were authorized by a	The sistered office for the limited for the li
(Printed or typed name of signee)			3 3 S
I hereby accept the appointme comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this d address. I hereby confirm that	ent as registered agent and ag all statutes relative to the pro- cept the obligations of my pos docyment is being filed to mer t the limited liability company	ree to act in this capacity per and complete perform ition as registered agent to ely reflect a change in the has been notified in writi	I further agree to ance of my duties, as provided for in registered office

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

(Signature of Registered Agent)