## L05000043715

i.		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del> </del>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Cupaint tratage to a	Filing Officer	
Special instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE FLORID



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: JDS_Investment (Name of Limite	Mains Gement 116 d Liability Company)	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	filing.
Please return all correspondence concerning this n	natter to the following:	
Dean Mitchell (Name of Person)		
JDS Truestment Manag	ement, LLC	97 JAN 8ECRE: TALLAH
390 S-Tyrdall Parkway	Vb. 290	JAN 30 AH II: 3 RETARY OF STAT AHASSEE FLORI
Parama City, FL 3240- (City/State and Zip Code)	<del></del>	I: 38 IATE TATE ORIDA
For further information concerning this matter, ple	ase call:	
Dean Mitchell at (Name of Person)	(Area Code & Daytime Telep	phone 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 Tallahassce, Florida 32314	
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Cop	y

## 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:	
2. The mailing address of the limited liability company is: 390 S. Tyndal Parkway No. 29	2
Panama City, FL 32404	
May 4, 2005 LO50000437/50 9	<u> </u>
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:  Small Biz Agents, LLC  Hatt Warne  Address  Tallahassee, H. 3234  City, State and Zip	
6. The name and address of the new registered agent and/or office:	\
Mitchell& Dykes Construction Co., (Doon Mitchell 390 S. Tyndall Bockuty No. 292) Florida street address (P.O. Box NOT acceptable)	)
Pandima CIFY, FL 32404  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.  (Signature of a member or authorized representative of a member)	
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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S. Or of this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)	

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

INHS18 (8/05)