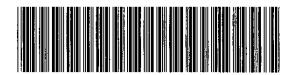
## L05000047753

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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4.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Java Rush, LLC (Name of	Limited 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	g this matter to the following:
Peter Scheckenhofer	
(Name of Person)	
Java Rush, LLC (Firm/Company)	_ <del></del>
(China Company)	
20120 Markward Crossing	
(Address)	<del></del>
Estero, FL 33928-7600	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Peter Scheckenhofer	at (239) 592-5539
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314
Enclosed is a check for the follow	ing amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	the following statement in orde	08, Florida Statutes, the undersigned lim r to change its registered office or registe	iited ered
1. The name of the limited	d liability company is: Java Rus	ih, LLC	
2. The mailing address of	the limited liability company is	20120 Markward Crossing	
Estero, FL 33928-7600			
05/09/2008		L05000047753	
3. Date of filing/registrati	on in Florida	4. Document number	
5. The name of the registe Florida Department of S	red agent and the registered offic State:	ee address as shown on the records of the	
	Allure Accounting, LLC		
	Name 3665 Bonita Beach Road S	Ste:3	
	Address	7.00	
	Bonita Springs, FL 34135	AEC 75	
	City, State and	Zip 早間 P	77
6. The name and address of	of the new registered agent and/o	r office:  AHASSEE, FLORII	FILED
	Peter Scheckenhofer	me <del>z</del>	Ö
	Name	76.	
	20120 Markward Crossing	- REE	<b>)</b>
	Florida street address (P.O. Box	k NOT acceptable)	
		928	
	City, State and Z	ip	
of the members of the lim or the operating agreemen	reby confirmed that the change(s) nited hability company or as othe it of the limited liability company ized representative of a member)	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vorwise provided in the articles of organization.	e ote on
(Printed or typed name of signee)		-	
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, H.S. Or of the address I hereby confirm (Signature of Registered Agent)	Intment as registered agent and a s of all statules relative to the pro d accept the obligations of my po his document is being filed to me that the limited liability compan	gree to act in this capacity. I further agree oper and complete performance of my duti sition as registered agent as provided for i rely reflect a change in the registered offic y has been notified in writing of this chang	e to es, in re re.
Divisio	n of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (8/05)