

L05000048138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

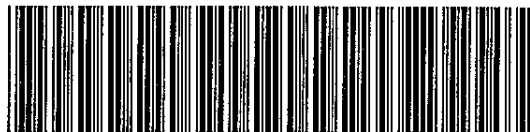
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUL 28 PM 2:08

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HENDERSON & MAXWELL, P.A.

July 25, 2005

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

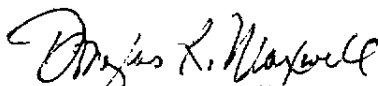
Dear Sir/Madam:

Enclosed for filing with your office are change of address of registered agent forms and checks for filing fees relative to the entities listed below:

Montecito New River Limited Partnership	\$35.00
Montecito Jensen, LLC	\$25.00
Montecito Y L Ventures, LLC	\$25.00
Montecito F H Venture, LLC	\$25.00
Montecito Del Ray, LLC	\$25.00
Montecito New River Management, LLC	\$25.00
Montecito New River I, LLC	\$25.00
Montecito New River, LLC	\$25.00

Should you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

  
Douglas R. Maxwell

DRM/dw  
Enclosures

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TALLAHASSEE, FLORIDA

**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: Montecito Jensen, LLC
2. The mailing address of the limited liability company is : 333 First Street North, Suite 105,  
Jacksonville Beach, FL 32250

05/16/05

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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:

Douglas R. Maxwell

Name

4309 Pablo Oaks Court, Suite Five

Address

Jacksonville, FL 32224

City, State and Zip

6. The name and address of the new registered agent and/or office:

Douglas R. Maxwell

Name

10739 Deerwood Park Blvd., Suite 200A

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32256

City, State and Zip

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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.

Douglas R. Maxwell  
(Signature of a member or authorized representative of a member)

Douglas R. Maxwell, VP & Asst. Sec.  
(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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Douglas R. Maxwell  
(Signature of Registered Agent)

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