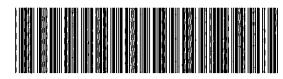
L05000056895

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
MAY 13 2008				

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EXAMINER



800128624808

SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

Division of Corporations					
SUBJECT: JMS Mortgage, LLC					
(Name of L	imited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Jayne M. Smith					
(Name of Person)					
JMS Mortgage, LLC (Firm/Company)					
(Finit/Company)					
29000 Portofino Circle #120					
(Address)					
Palm Beach Gardens, FL 33418					
(City/State and Zip Code)					
For further information concerning this matte	r, please call:				
·	•				
Jayne M. Smith	at (561) 624-0197				
(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 2661 Executive Center Circle	P.O. Box 6327 Tallahassaa, Elarida 32314				
Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following	g amount:				
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (8/05)

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 lim	nited liability company	is: JMS Mort	gage, LLC		·		
2. The mailing address	s of the limited liability	company is	: <u>29000 Po</u>	rtofino Circle #1	20		
Palm Beach Gardens, F	L 33418				······································		
03/15/2008 3. Date of filing/registration in Florida			<u>L 0500056895</u> 4. Document number				
5. The name of the reg Florida Department		egistered offic	e address	as shown on the	e records of the		
·	Jayne M. Smith				,		
	29000 Portofino C	Name Fircle #120	6521	Emerald	Danes Dr #	105	
	W. Palm Board Palm Board Gard	Address ens, FL=334 ity, State and	18. 334			, 00	
6. The name and addre	ss of the new registere	d agent and/o	r office:				
	Same Jayne M				20 TA:		
	29000 Portofino C	Name ircle #120			ZOOO MAY	1	
	Florida street add	ress (P.O. Bo	x NOT ac	ceptable)	1ASS		
	Palm Beach Garde	ens, FL 33	418				
	City	y, State and Z	ip .				
If the limited liability of confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	e change or changes ar of the registered agen hereby confirmed that limited liability compa nent of the limited liab	e made, the F t will be iden the change(s any or as othe ility company	lorida stretical. Or, i) was/were rwise prov	et address of the n the case of a l	a, it is hereby e registered office Florida limited		
(Signature of a member or aut	thorized representative of a mo	ember)					
Jayne M. Smith						-	
(Printed or typed name of sign	nee)		_				
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	ions of all statutes rela and accept the obligat if this document is bei rm that the limited lial	d agent and a tive to the pr ions of my po ng filed to me bility compan	igree to ac oper and c sition as r rely reflec y has been	t in this capacit omplete perfori egistered agent t a change in th notified in writ	y. I further agree to mance of my duties, as provided for in the registered office ing of this change.		
(Signature of Registered Ager	sion of Corporations,	P.O. Box 63	27, Tallah	assee, FL 323	14		

FILING FEE: \$25.00

INHS18 (8/05)