

**LO5000068678**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000294097 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**REGISTERED AGENT CHANGE**

**JABRUSCO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

\$55.00

RECEIVED

05 DEC 29 AM 8:00

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 29 AM 8:51

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

**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: Jabrusco LLC
2. The mailing address of the limited liability company is : 5110 Bridlewood Ct.,  
Ponte Vedra Beach, Florida 32082

7/12/2005

L05000068678

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:

Business Filings Incorporated

Name

1203 Governors Square Blvd., Suite 101

Address

Tallahassee, Florida 32301

City, State and Zip

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

Jim Seidel

Name

11864 Camden Rd

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

Jacksonville

FL 32216

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.

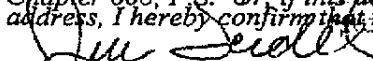


(Signature of a member or authorized representative of a member)

Jim Seidel, 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 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.*



(Signature of Registered Agent)

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

DNHS18(10/99)

FILING FEE: \$25.00

H0500002940973

TOTAL P.02

FILED  
05 DEC 29 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA