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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUL - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	and TITLE 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 concernin	g this matter to the following:	
Matte L. H.	RMISON	
Intuntitle Firm/Company	LLC	
650) 4th Av	enve N.	
St Peler Jova City/State and Zip Code	FL33710	
E-mail address: (to be used for future annual repor	intountitle com	
For further information concerning this ma	tter, please call:	
Matte L-Human	at (S/S) 478 - 4408 Area Code & Daytime Telephone 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 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

. INHS18 (5/08)

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. Name of the limited liability company:	JOWN TITUR LLC
2. (a) Principal office address of limited liability com	pany: 65014h Avenuer.
(Note: MUST BE STREET ADDRESS)	Spefrsbug F23371
(b) Mailing address of limited liability company:	GSUI 4t Avenue N.
(Note: MAY BE POST OFFICE BOX)	Sketerbug PC3371
8/3/05	L0500076549
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Adresse C. Prince
Registered Office Address:	5710 4th STN #1
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:
<u>NEW</u> Registered Agent:	Mattie L Harrison
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5501 Yth Arnue N.
	,FL33770
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be i	he Florida street address of the registered office
and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as cor the operating agreement of the limited liability company.	ge(s) was/were authorized by an affirmative with otherwise provided in the articles of organization
(att/X/arum)	OF AF
Signature of a member or authorized representative of a member	CORP
Printed or typed name of signee	另2
	nd agree to act in this capacity. I further agranto
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filled to address. I hereby confirm that the limited liability com	e proper and complete performance of my duts; y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Register of Avenue	

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