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SECRETARY OF STATE 2006 OCT | 7 P 3: 23 FILED

**Registration Section** TO: **Division of Corporations** 

## SUBJECT: JACM TEAM STARS INVESTMENT, 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 this matter to the following:

**BRETT FEINSTEIN** 

(Name of Person)

STRATTON & FEINSTEIN, P.A.

(Firm/Company)

407 Lincoln Road, Suite 2A (Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

**Brett Feinstein** 

(Name of Person)

**STREET/COURIER ADDRESS:** 

**Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

) 672-7772

at (\_305

(Area Code & Daytime Telephone Number)

## 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

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## 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: JACM TEAM STARS INVESTMENT, LLC
- 2. The mailing address of the limited liability company is : 11103 NW 71 TERRACE, MIAMI, FL 33178

10/13/2005	L05000101266	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the records of the	
JAIME DAZA		
N	Jame	
11103 NW 71 Terrace		
Ad	ldress	
Miami, FL 33178	Miami, FL 33178	
City, St	ate and Zip	
6. The name and address of the new registered agen	nt and/or office:	
Brett Feinstein, Esq.		
	ALLAHASS	
Florida street address (I	P.O. Box NOT acceptable)	
Miami Beach		
City, Stat	te and Zip	
hability company, it is hereby confirmed that the cl	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	

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 family with and accept the obligations of my position as registered agent as provided for in Chapter 608, 4, 5. 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.

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

INHS18 (8/05)

(Signature of

red Agent)