

LOG 000015344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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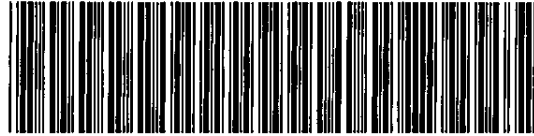
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4308
Wells

CORPORATE DIRECT, INC.

60 East Simpson Avenue
Post Office Box 2869
Jackson, Wyoming 83001

877-683-9343 Toll Free
info@corporatedirect.com

April 23, 2007

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

Re: JMD Associates

To Whom It May Concern:

Enclosed for filing, please find original and one copy of a statement of change of registered office or registered agent or both for Limited Liability Company.

Once filed, please provide our office with a file stamped copy for our records.

As always, should you have any questions or need further assistance, please do not hesitate to contact our office.

Sincerely,



Annette C. Finch
Account Representative

:acf
encl

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMD ASSOCIATES, 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:

ANNETTE FINCH
(Name of Person)

CORPORATE DIRECT, INC.
(Firm/Company)

2248 MERIDIAN BLVD. STE H
(Address)

MINDEN, NV 89423
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANNETTE FINCH at (775) 782-1302
(Name of Person) (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

**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: JMD ASSOCIATES
2. The mailing address of the limited liability company is : 2248 MERIDIAN BLVD. STE H
MINDEN NV 89423

- 02/13/06 L06000015344
3. Date of filing/registration in Florida 4. Document number

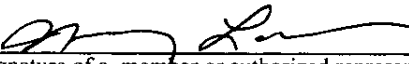
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MALLER, KAREN
Name
1 PROGRESS PLAZAS NO. 1210
Address
ST. PETERSBURG FL 33701
City, State and Zip

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

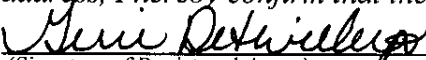
GERRI DETWEILER
Name
1037 GREYSTONE LANE
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34232
City, State and Zip

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)

Nancy Lake
(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
FILING FEE: \$25.00**

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TALLAHASSEE FLORIDA