LD6000017084

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JEVISION OF CORPORATION

2013 FEB 26 AN III-1.6

C. LEWIS FEB 2 7 2013 EXAMINER

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: TIME EAT DESCRIPTION DE VOLUMENT, LUC 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:	
Name of Person	
Name of Person	
Firm/Company	
2170 HAIN STREET, STE. GOT Address	
City/State and Zip Code	
E-mail address: (to be used for future arbital report notification)	

For further information concerning this matter, please call:

Name of Person at (1611) (17) - Office 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. Name of the limited liability company: \[\frac{1}{16}	1-7 NORDING DEFECTIONATION CEC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 21 10 MANO STROET STEP GOT SARASSTA, FC 27237
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	STE GOT TO STEEL
2/19/2006	L06000017084 H E
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	WAGNER, E. JOHN II
Registered Office Address:	_ 205 N. ORANGE AVE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: The KGY HOLDING HIS LLC ZHYO MANY SHEREY SHERESHY FL 35(2.57)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the praid I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Roy 63	27 Tullahassaa FI 32314

FILING FEE: \$25.00

INHS18 (05/08)