06000019803

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

B. BOSTICK
MAR 1 9 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Julear Holding S Name of Limited Liab	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Adyari Morales Name of Person	
Julcar Holdings LLC Firm/Company	
Firm/Company	
701 Brickell Le Suite 860	
Miami FL 33/3/	TALE 12
amestraat.co	FILI 12 MAR 16 SECRE FARY ALLAHASSEE
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please co	AM II: 4 EE. FLORII
Adyaii Morales at (305)	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section
•	Division of Corporations
	P.O. Box 6327 Fallahassee, 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:	Julcar Holdings LLC
2. (a) Principal office address of limited liability company	: 701 Brickell De
(Note: MUST BE STREET ADDRESS)	Suite 860
(b) Mailing address of limited liability company:	701 Brickell Are
(Note: MAY BE POST OFFICE BOX)	Svite 860 Missoi F4 33131
2/22/2006	106000019803
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Rejoice Boetious
Registered Office Address:	701 Brickell Are Ste 860
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	V Registered Office address:
(MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member A Daniel Echovey (12) Printed or typed name of signee I hereby accept the appointment as registered agent and as	MAR 16 ALLAHASSEE.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the product o	pper and complete performance of my duties, sition as registered agent as provided for in

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**