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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JEVI PROPERTIES (Name of Limite)	ed 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 r	natter to the following:
JEFFREY DORE (Name of Person)	FILED 2001 OCT 15 P SECRETARY OF S TALLAHASSEE, FL
(Firm/Company) 108 DEGAS DR (Address)	P 3 32 P 3 32 E, FLORIDA
NoKonis Fl 39 (City/State and Zip Code)	275
For further information concerning this matter, ple	ease call:
(Name of Person)	941) 966 - 1170 (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 am	iount:
\$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:
2. The mailing address of the limited liability company is : 108 DEGAS DR.
NoKonis, Fl 34275
06/26/2006 L060000 64556
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:
CORPORATION SERVICE COMPANY Name 1201 HAYS STREET Address TAllahassee F1 32301 City, State and Zip
6. The name and address of the new registered agent and/or office: JEFFREY DORE Name N
(Signature of Application of authorized representative of a member)
(Printed or typed name of signes)
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 Deffered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00