## L060000093275

(Re	questor's Name)	<del></del> -			
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Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: JDK Properties VI 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	g this matter to the following:	
Doreen Bennett		
(Name of Person)		
Cummings & Lockwood LLC	O7 F	
(Firm/Company)	FEB -8 PH I2: 33 CRETARY OF STATE AHASSEE FLORID	
3001 Tamiami Trail North, Suite 400	<b></b>	
(Address)		
Naples, Florida 34103	FATE RIDA	
(City/State and Zip Code)		
For further information concerning this man	tter, please call:	
Doreen Bennett	at ( <sup>239</sup> ) 649-3129	
(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	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

0.5

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.

<ol> <li>The name of the limited li</li> <li>The mailing address of the</li> </ol>				Ocala, Florida 34480
		<del></del>		•
9/22/2006			L06000093275	
3. Date of filing/registration	in Florida	2	Document number	r
5. The name of the registered Florida Department of Stat		tered office a	ddress as shown on t	he records of the
	C	LASP, INC.		
		Name		
		i Trail North, Su	iite 400	
		Address		
Naples, Florida 34103 City, State and Zip			<del></del>	Ās o
	•	•		77 J
6. The name and address of the	he new registered ag	gent and/or of:	fice:	RET AHA
	Jack	k D. Kinder		-8 AR' AR' SS
<del></del>		Name	<del></del>	<u> </u>
	4020 Sou	th Pine Avenue		PH 12: OF STA
F	lorida street address	(P.O. Box No	OT acceptable)	2: 33 PATE ORID/
	Ocala	FL	34480	
	City, St	ate and Zip		
If the limited liability compare confirmed that after the change and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of the limited or the limite	ge or changes are ma registered agent will confirmed that the d liability company the limited liability	ade, the Florid Il be identical change(s) wa or as otherwis company.	la street address of the Or, in the case of a s/were authorized by	ne registered office Florida limited an affirmative vote
Signature of a member or authorized r	epresentative of a member	r)		
Doreen Bennett, Authorized Rep				
(Printed or typed name of signee)				
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. for, if this a address, I hereby confirm that	<i>I</i>	ent and agree to the proper of my positio led to merely company has	e to act in this capaci and complete perfor n as registered agen reflect a change in to s been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
(Signature of Registered Agent) Jack				
✓ Division of	Corporations, P.C	D. Box 6327,	Fallahassee, FL 323	314

**FILING FEE: \$25.00**