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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JAND H IMPORTS LLC

H Lewis Pkg

(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:

Sarah Gibson

(Name of Person)

Incorp Services, Inc. (Firm/Company)

3155 E. Patrick Lane, Ste.1

(Address)

Las Vegas, NV 89120 (City/State and Zip Code)

For further information concerning this matter, please call:

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:

S25 Filing Fee

S55 Filing Fee & Certified Copy

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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: <u>JAND H IMPORTS LLC</u>

2. The mailing address of the limited liability company is : ____

44 LAUREL LEDGE COURT STAMFORD CT 06903

12/11/2006

L06000118171

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:

D	AVIDOFF, JO	NATH	AN		
		Name	3		
16	80 MICHIGAN	AVEN	UE, PENTHOUSE 4		
		Addre	\$S		
M	AMI BEACH F	L 3313	19 US	TAL S	200
	City	, State a	ind Zip		200 and an 1
6. The name and address of the	e new registered	agent an	d/or office:	SECRETARY OF STATE TALLAHASSEE, FLORID	FIL 2008 APR 14
Inc	porp Services,	Inc.		SEE	
		Name			
17	888 67th Cour	t North			$=$ \sim \circ
F	orida street addre	ss (P.O.	Box NOT acceptable)	RIDA	39
Lo	xahatchee,	_ FL	33470		
	City,	State an	nd Zip		·
If the limited liability compar confirmed that after the change	te or changes are	made, th	the laws of the State of Fl the Florida street address of the tight of the case of the cas	f the registered	office

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)

INKE WYREW

(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.		4 4.	
ć	iddress, I hereby confirm that the timited thabitity company has been notified in writing of this change.			
	Y Man a data from a land that			
4	Signature of Registered Agent)	-	~ *	-
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 ***

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