L07000031343

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
•		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

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SEURETARY OF STATE

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COVER LETTER

	gistration Section rision of Corporations		
SUBJECT	·	nited Liability Company)	
Dear Sir or	Madam:	•	
The enclos	ed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this n	natter to the following:	
Ju	NE MERR (Name of Person)	itt, President	
<u>Ju</u>	NNecol23/	-LC	
5 d 5	Orth 3r	d Street, #20	
Jac	(City/State and Zip Code)	32250	
For further	information concerning this matter, ple	ease call:	
ine 1	(Name of Person) at ((Area Code & Daytime Telephone Number)	
Reg Div Cli1 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fton Building 1 Executive Center Circle lahassee, 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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2008

JUNNECO 123, LLC 525 N. 3RD STREET, #201 JACKSONVILLE BEACH, FL 32250

SUBJECT: JUNNECO123, LLC. Ref. Number: L07000031343

We have received your document for JUNNECO123, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II Registration Section

Letter Number: 808A00052100

化复数工作 医内侧部 医直线性腺

Division of Compositions D.O. POV 6997 Tollahoggas Florida 20914

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 company submits the following statement in order to a in the State of Florida.	.508, Florida Statutes, the undersigned limited liability hange its registered office or registered agent, or both,
•	uneco 123. LLC
	FOR Almost 2000 - and
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	dany: 700 IVOLITATION OF THE PROPERTY OF THE P
JACKSONVILLE JE	Jackson 111/16 10 Salation
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 322	59
	Vime
03/23/2007	L07000031343
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	June Merritt
Registered Office Address:	-525 North 3595 theet
rosa wiwingg or I	Jacksonville beach, It
TACKSONVILLE JL32259 (b) Enter name of NEW Registered Agent and/or	NEW Pagistared Office address:
	JUNE MEPRIH. San
NEW Registered Agent:	525 North 3555+ #201
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 J. 170 J. 17
TOUR TO SELECT THE SECOND SECO	JACKSONVITIE, FL 32250
If the limited liability company is not organized under that after the change or changes are made, the Florida state of the change of changes are made.	street address of the registered office and the business
office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles.	ed by an affirmative vote of the members of the limited
limited liability company.	es of organization of the operating agreement of the
(Signature of a member or authorized representative of a member)	
(Signature of a member of authorized representative of a member)	1
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my post F.S. Or, if this document is being filed to merely reflected.	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, and I tion as registered agent as provided for in Chapter 608, ct a change in the registered office address, I hereby
confirm that the limited liability company has been not	ified in writing of this change.
(Signature of Registered Agent)	Roy 6327 Tallahassaa FI 32314
•	DOX 0527, Tallahassee, FL 52514 Mag
INHS18 (05/08)	FEE: \$25.00
11411310 (03/00)	- Table 1 - Ta