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	COVERLETTER
TO: Registration Section	
Division of Corporations	
Division of Corporations	
C 0 □	27 110
SUBJECT: JUN PT	d I LLC
(Name o	of Limited Liability Company)
÷	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
The enclosed registered registered to	with our light and tooks, are seen and the comment
Please return all correspondence concerning	this matter to the following:
	•
On the Onner	
David Spezza (Name of Person)	
(Marie of Person)	
Equity Partners Real Estate, LLC	
(Firm/Company)	
1324 Seven Springs Blvd. #363	
(Address)	
New Port Richey, FL 34655	
(City/State and Zip Code)	
For further information concerning this matter	er, please cail:
David Spazza	at (727) 656-9867
(Name of Person)	(Area Code & Daytime Telephone Number)
-	•
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tullahassee, Florida 32314
Taliahassee, Florida 32301	i miditable, fillight \$2.17
Enclosed is a check for the following	ig amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
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INHS18 (5/08)	

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.

2. (a)	me of the limited liability company: \textstyle	PH 27 LLC	
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1212 Mallard Mars Osprey FL 34229	<u> </u>
· (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1212 Mallard Marsh Osprey, FL 34229	<u>D-</u>
04/02/		L07000032807	
3. Da	te 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:	CCRA Services, LLC	
	Registered Office Address:	2730 South A1A Highway	/ISION
		Melbourne Beach, FL 32951	
			σ,
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	AH (0
	NEW Registered Agent:	David Spezza	,
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1001.0	<u>~</u>	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1324 Seven Springs Blvd. #363	
	(MUST BE FLORIDA STREET ADDRESS)	#363 New Port Richey,FL 3466	
that at office hereby liabili	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) limited liability company is not organized under the lefter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company. December of authorized representative of a member)	#363 New Port Richey aws of the State of Florida, it is hereby taddress of the registered office and the see of a Florida limited liability compared.	confirmed e husiness
that at office hereby liabili limite	Imited liability company is not organized under the lifter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	#363 New Port Richey aws of the State of Florida, it is hereby taddress of the registered office and the see of a Florida limited liability compared.	confirmed e husiness

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00