## 1 070000 49065

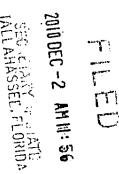
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Tip/Dhone #A						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





600188245366

12/02/10--01022--008 \*\*25.00



C. LEWIS

DEC 3 2010

EXAMINER

TQ:	Registration Section Division of Corporations		••			
SUBJ	JECT:Name of		TJB, LLO		7-7-24-24-24-24-24-24-24-24-24-24-24-24-24-	
		Little	a Blaomity	Company		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office (	Change an	d fee(s) ar	e submitted for filing.	
Please	e return all correspondence concerning	g this m	atter to the	e following	g:	
	IOCULIA NA CIRCONI			,		
	JOSHUA M. GIBSON Name of Person		<del></del>			
	JTJB, LLC					
	Firm/Company	<del></del>	<del></del>			
	•			:. ·		
	435 OAK COVE ROAD Address					
	· · · · · · · · · · · · · · · · · · ·					
				,		
	TITUSVILLE, FL 32780 City/State and Zip Code	<u> </u>				
	Chy/state and Zip code					
	IDG9060@GMAIL COM					
Е	JDG8060@GMAIL.COM -mail address: (to be used for future annual report	notification	on)			
For fu	orther information concerning this mat	tter, plea	ase call:			
	JIMMY D. GIBSON	at (	423 )		581-8060	
	Name of Person		Area	a Code & Day	time Telephone Number	
	STREET/COURIER ADDRESS:		MAIL	ING ADDI	RESS.	
Registration Section			Registration Section			
Division of Corporations			Divisio	n of Corpo		
Clifton Building			=	ox 6327		
	2661 Executive Center Circle		Tallaha	issee, Florid	da 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the followi	ing amo	ount:			
	\$25 Filing Fee			Filing Fee	& Certified Copy	

\*\* COVER LETTER

## 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. Name of the limited liability company:	JTJB, LLC
2. (a) Principal office address of limited liability comp	pany: 435 OAK COVE POAD
(Note: MUST BE STREET ADDRESS)	TITUSVILLE, FL 32780
(b) Mailing address of limited liability company:	P.O. BOX 1771
(Note: MAY BE POST OFFICE BOX)	MORRISTOWN, TN 378160 5
5/8/07	L07000049065
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:	JOSHUA M. GIBSON
Registered Office Address:	140 DOLPHIN FLEET CIRCLE. DAYTONA BEACH, FL 32149
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	435 OAK COVE ROAD
(MUST BE PLORIDA STREET ADDRESS)	TITUSVILLE ,FL 32780
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
JIMMY D. GIBSON  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 and I am familiar with and accept the obligations of m Chapter 100 J. IS. Or, if this document is being filed to address, I hardy confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	

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

INHS18 (05/08)