L07000051847

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

Office Use Only



900104738679

06/25/07--01012--016 **25.00

07 JUN 25 AM II: 35
SECRETARY OF STATE
ALL AHASSEF ELORIDA



COVER LETTER

Division of Corporations		
SUBJECT: J&D Development Group (Name of Li	o, LLC mited Liability Company)	
((y	
Dear Sir or Madam:	. •	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
The contract regions of regions of the	nee change and texts, are baseliness is: illing.	
Please return all correspondence concerning to	his matter to the following:	
•		
David B. Pleat, Esq.		
(Name of Person)		
Pleat & Perry, P.A.		
(Firm/Company)		
4477 Legendary Drive, Suite 202		
(Address)		
Destin, Florida 32541		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
•	•	
Nathan John Boswell	at (850) 650-3915	
(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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Horida 32317	
Enclosed is a check for the followin	g amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
	 -	

.

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 limite	ed liability company is	J&D Development Group, LL	.c	
		ompany is : 10859 Emerald (
Suite 4-360, Destin, Flo				
May 16, 2007		L07000051847	,	
3. Date of filing/registrat	ion in Florida	4. Document nu	mber	
5. The name of the register Florida Department of		stered office address as shown	on the records of the	
•	Wesley T. Fonta			
	4477 Lagandon (Name		
	4477 Legendary	Address		
Destin, Florida 32541				
	City	, State and Zip		
6. The name and address	of the new registered a	agent and/or office:	FILED OT JUN 25 AM II: 35 SECRETARY OF STATE SECRETARSSEE, FLORIDITATE	
	David B. Pleat, E	sq.	mg z o	
	4477	Name		
	4477 Legendary [85 35	
	riorida sireet addres	ss (P.O. Box NOT acceptable)	→	
	Destin	FL 32541		
	City,	State and Zip		
confirmed that after the cand the business office o liability company, it is he	change or changes are in the registered agent wereby confirmed that the mited liability companions of the limited liability.		s of the registered office e of a Florida limited red by an affirmative vote	
(Printed or typed name of signed	well			
rakker		agent and agree to act in this ove to the proper and complete ons of my position as registered filed to merely reflect a changlity company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
(Signature of Ragistered Agent) Divisi		P.O. Box 6327, Tallahassee, F	°L 32314	

FILING FEE: \$25.00

INHS18 (8/05)