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SECRETARY OF STATE
SIVISION OF CORPORATION

J. BRYAN

JUL 29 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Nam	ss Jenny, LLC ne of Limited Liability Company)	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Chael A. Brown (Name of Person) Miss Jenny, (Firm/Company) 11033 Ivon H (Address) Fort Myers FL (City/Vitate and Zip Code)	LLC Horse Way	DEVISION OF CONFORMATIONS 08 JUL 28 PM 2: 16
For further information concerning this ma	atter, please call:	
Charle Brown (Name of Person)	at (218) 791 -5150 (Area Code & Daytime Telephone Number)	_
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 follow	ving 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.

in the Blate of 1 tortua.	
1. Name of the limited liability company:	Jenny, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 11033 Iron Horse Way Fort Myers, FL 339130
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11033 Iron Horse Way Fort Myers, FL 33913
July 13, 2007	L \$7 \$\$ \$\$\$ \$729 \$\$
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:	Corporation Service Company
Registered Office Address:	1201 Hays Street 3231 500
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	S SS S
NEW Registered Agent:	Chad Drown : A
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1033 Fron Horse & in Fort Myers, FL 33913
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chargety confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is
Chad A. Brown	_
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in Writing of this change.

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