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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:JM Brilbeck, LLC (Name of Limited	d Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Farley A. Poellnitz				
(Name of Person)				
Phelps, Jenkins, Gibson & Fowler, LLP				
(Firm/Company)				
P. O. Box 020848				
(Address)				
Tuscaloosa, AL 35402 0848				
(City/State and Zip Code)				
For further information concerning this matter, plea	ase call:			
Farley A. PoelInitz	205 345-5100			
(Name of Person)	(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 following amo	unt:			
325 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)

## 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 limit	ed liability company	is: JM Bri	llbeck, LLC			·
2. The mailing address o	f the limited liabilit	y company is:	8787 Bay Co	lony Drive,	Apt.	1706.
Naples, FL 34108						
						·
07/25/07		-	L07000077			
3. Date of filing/registrat	ion in Florida		4. Document n	umber		
5. The name of the register Florida Department of	ered agent and the re State:	egistered office	e address as show	n on the record	s of the	2
<u>-</u>	John M. Brill	eck				
		Name		<del></del>		
	8473 Bay Color		at. 1401.	<del>_</del>	_	DIV.
	Naples, FL 3	Address 34108			77.	SEC
		ity, State and 2	Cip	_	07 AUG	물쯤
6. The name and address	of the new registere	d agent and/or	office:		-9	
	_				Р	_
	John M. Brilb				PH 12: 22	
	_ 8787 Bay Colo	Name	nt 1706		2	
	Florida street add			<b>)</b>	2	
		`		,		
	Naples C:	FL	34108			
	Cir	y, State and Zi	р			
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are the registered agent reby confirmed that nited liability compate of the limited liab	e made, the Flot will be identi- the change(s) any or as other illity company.	orida street addres cal. Or, in the cas was/were authoris wise provided in t	ss of the registe se of a Florida I zed by an affirn	red off limited native	vote
(Signature of a member or author	ized representative of a me	ember)				
John M. Brilbeck						
(Printed or typed name of signee)			•			
	intment as registere is of all statutes rela d accept the obligat his document is bei that the limited liat	d agent and ag tive to the pro ions of my pos ng filed to mer bility company	ree to act in this oper and complete ition as registered ely reflect a chan has been notified	capacity. I furt performance of l agent as provi ge in the registe in writing of th	her ag f my di ided fo ered of iis chai	ree to ities, r in fice nge.
(Signature of Registered Agent)						

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