Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000223240 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

£ (850)205-0380

From:

Account Name

Account Number

Phone

Fax Number

CORPORATE CREATIONS INTERNATIONAL TWO.

110432003053

(561)694-8107

(561)694-1639

REGISTERED AGENT CHANGE

JMP WAREHOUSE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35:60

Electronic Filing Menu

Corporate Filing Menu

Help

JB

(305) 740-0441

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·	t 608.416 or 608.508, Florida Statutes, the undersigned limited liability company r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability con	
2. The mailing address of the limited lis	bility company is: 4150 NW 7th Street, Suite 200
Miami FL 33126	•
8/31/2007	L07000089718
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
JOANN	E R URQUIOLA PA
	Name S SU
<u>708 SOI</u>	TH DIXIE HWY STE 100 Address
010	Address
_Corai G	ables FL 33146
	City, Sand the 2-19
3. The name and address of the new reg	istered agent and/or office:
Aida M	
44.00.37	
	W 7th Street, Suite 200 da street address (P.O. Box NOT acceptable)
Mia <u>mi</u>	1
14110(01	City, State and Zip
identical. Or, in the case of a Florida II	
	1
Printed or Typed name of signed)	
I hereby accept the appointment as region of all statutes relative to the proper and my position as registered agent as provin the registered office address. I herab (Signature of Registered Agent)	stered agent and agree to act in this capacity. I further agree to comply with the provisions to complete performance of my duties, and I am familiar with and accept the obligations of ided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change y confirm that the limited liability company has been notified in writing of this change. Toporations, P.O. Box 6327, Tallahassee, FL 32314
INHS18(10/99)	
Joanne R. Urquiola, P.A. 708 South Dixie Highway Suite 100 Coral Gables FL 33148	