FROM



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Account Name : POLEY & LARDNER OF TAMPA

Account Number : 071344001620 Phone

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REGISTERED AGENT CHANGE

JOHN ALLEN ENTERPRISES, LLC

FL	AFK 8: 00	STATE FLORIDA
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04/25/2008

FROM

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

iidbiiliy compan	provisions of sections 608.416 or 608.508. Florida Statutes, the undersign submits the following statement in order to change its registered office on the State of Florida.	ned limited registered
1. The name of	the limited liability company is: John Allen Enterprises, LLC	
2. The mailing	address of the limited liability company is: 1725 62nd Terrace South, St. Peter	burg
Florida 33712		
September 10, 2		
3. Date of filing	/registration in Florida 4. Document number	
5. The name of t Florida Depar	the registered agent and the registered office address as shown on the records innent of State:	of the
•	Tina E. Dunsford, Esq.	
,	Name 609 West Azeele Street	0
	Address	8 VIS
;	Tampa, Florida 33606	节点
,	City, State and Zip	次 公司
6. The name and	address of the new registered agent and/or office:	OB APR 25 PH 8: 28
	F&L Corp.	五分
•	Name	6: 3
	One Independent Drive, Suite 1300	12
	Florida street address (P.O. Box NOT acceptable)	
	Jacksonville FL 32202	
;	City, State and Zip	
confirmed that a and the business liability compan of the members or the operating	ibility company is not organized under the laws of the State of Florida, it is herefore the change or changes are made, the Florida street address of the registered conflice of the registered agent will be identical. Or, in the case of a Florida link, it is hereby confirmed that the change(s) was/were authorized by an affirmation of the limited liability company or as otherwise provided in the articles of organization of the limited liability company.	d office hited tive vote
	t/a, Managing Member	
(Printed or typed name	ne of signec)	
	the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of its with and accept the obligations of my position as registered agent as provides. Or, if this document is being filed to merely reflect a change in the register y confirm that the smitted liability company has been notified in writing of this	r agree to ny duties ed for in ed office change.
(Signature of Registe	red Agent)	1
	Division of Corporations, P.O. Box 6327, Tallahussee, FL 32314 FILING FEE: \$25.00	

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