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S. HAWKES

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EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: JY	'LUZINDY "LLC"
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Chiu Shin Huang Name of Person	
JYLUZINDY "LLC" Firm/Company	
325 S. Orlando Ave. Suite 1-6	3
Winter Park, FL 32789 City/State and Zip Code	
HUOSUS@AOL.C	•
E-mail address: (to be used for future annual report not For further information concerning this matter	
Chiu Shin Huang Name of Person	at (
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	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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.

· ·	
Name of the limited liability company:	JYLUZINDY "LLC"
2. (a) Principal office address of limited liability compar	ny: JYLUZINDY "LLC"
(Note: MUST BE STREET ADDRESS)	325 S. ORLANDO AVE., SUI 1-6 Winter Park, FL 32789
(b) Mailing address of limited liability company:	278
(Note: MAY BE POST OFFICE BOX)	PA P. IS
10/03/2007	L07000100524
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Charles Waddell
Registered Office Address:	5100 Glasgow Ave.
	Orlando FL 32819
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Chiu Shin Huang
NEW Registered Office Address:	325 S. Orlando Ave.
(MUST BE FLORIDA STREET ADDRESS)	Suite 1-6 Winter Park ,FL32789
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Charles L. Waddell	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part and I am familiar with and accept the obligations of my part of the part of th	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Agent	

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

INHS18 (05/08)