

-Mr.& Mrs. James Leuthauser 		
1		e
(Address)		
(Cit	y/State/Zip/Phone #	f)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

OCT - 6 2009

EXAMINER



500161112835

10/05/09--01041--012 **25.00

09 OCT -5 PH 1:54

SECRETARY OF STATE OF CORRECTION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ▲GENT 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. Name of the limited liability company: _ JUL Ex	press, LLC		
2. (a) Principal office address of limited liability company	: 7447 Avocet Drive		
(Note: MUST BE STREET ADDRESS)	Wesley Chapel, FL 33544		
(b) Mailing address of limited liability company:	7447 Avocat Drive		
(Note: MAY BE POST OFFICE BOX)	Wesley Chapel, FL 33544		
November 07, 2007	L07000112856		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t			
Registered Agent:	James L. Leuthauser		
Registered Office Address:	20923 Reynolds Pkwy		
	Orlando, FL 32833@ 500		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7447 A vocet Drive		
	Wesley Chapel ,FL 33544		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Signature of a member of authorized representative of a member			
Lames L. Leuthauser, President JUL J. Printed or typed name of signee	olutions Incorporated, Managing Managing		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registered Agent			
Division of Cornerations DO Roy 63'	7 Tallahassaa El 37314		

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