107000/27022

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER JAN 2 4 2012

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ			JOE, LLO Liability Co			
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office (Change and f	ee(s) are submitt	ed for filing.	
Please	return all correspondence concerning	ng this m	atter to the fo	ollowing:		
	Cameron Story					
	Name of Person				•	
					SECR	2012 JAN 23
	Firm/Company				(ETAR (HASS	AN 2
	4101 Venetia Boulevard	d			Y OF	
	Address				LORI	44 :8 W
	Jacksonville, FL 32210	I			DC	=
	City/State and Zip Code					
E-	Cameron. Story@fnf.cor	n t notificatio	n)			
For fu	rther information concerning this ma	itter, plea	ise call:			
	Cameron Story	at (904)	854-8		
	Name of Person		Area Co	ode & Daytime Teleph	none Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box (of Corporations		
	Enclosed is a check for the follow	ing amo	unt:			
	\$25 Filing Fee		S55 Filir	ng Fee & Certific	ed Copy	

* 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.	Naı	me of the limited liability company:	Old Joe, LLC				
2.	(a)	Principal office address of limited liability compan	y:				
		(Note: MUST BE STREET ADDRESS)	4101 Venetia Boulevard Jacksonville, FL 32210				
	(b)	Mailing address of limited liability company:					
		(Note: MAY BE POST OFFICE BOX)	4101 Venetia Boulevard Jacksonville, FL 32210				
		December 26, 2007	L0700012702	22			
3.	Dat	e of filing/registration in Florida	4. Document number				
5. (a)		Registered Agent and Registered Office shown on	the records of the Florida Dep	a Een S	ta E		
		Registered Agent:	Cameron Story	<u> 2</u> 2	<u> </u>	<u>\</u>	
		Registered Office Address:	841 Prudential Drive Suite 1400 Jacksonville, FL 32207	ASSET.	123		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :		STATE LORIDA	_		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4101 Venetia Boulevard				
			Jacksonville	,FL_ <u>_</u>	32210	_	
cor and lial of i or Sign	ofiri	Cameron Story III	Florida street address of the reg	gistereo	d office	e n	
I h cor and Ch add	nere nply d I d apte dres	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prim familiar with and accept the obligations of my point for the S. Or, if this document is being filed to me select the confirm that the limited liability companies of Registered Agant	agree to act in this capacity. I oper and complete performan ssition as registered agent as perely reflect a change in the re by has been notified in writing	furthe ce of m provide gistere of this	r agree 1y dutie 2d for in 2d office change	10 S, 1	

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