208000010361

(Requestor's Name)						
(Address)						
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(Address)						
,						
(City/State/Zip/Phone #)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
<u> </u>						
Special Instructions to Filing Officer:						

Office Use Only



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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER

OCT 15 2010

COVER LETTER

10:	Division of Corporations								
SUBJECT: J AND M PROPERTY INVESTMENTS GROUP, LLC. Name of Limited Liability Company									
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Office	Cha	inge and i	fee(s) are submit	ted for	filir	ıg.		
Please	return all correspondence concerning this r	natte	er to the f	ollowing:					
	HANI M. JARDACK Name of Person								
	Firm/Company								
	2475 NW 95 AVENUE, SUITE 3 Address								
	DORAL, FL 33172 City/State and Zip Code				TALLAHA	138938	2010 OCT 13	7	
	jardack1@bellsouth.net				SSEE	∆.RY (
	rther information concerning this matter, pl		call:		FLORIDA	OF STATE	AM 10: 16		
	HANI M. JARDACKat (3	05)_	477-0				_	
	Name of Person		Area C	ode & Daytime Telep	shone Nur	nber			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314					
	Enclosed is a check for the following am	oun	t:						
	\$25 Filing Fee] \$55 Fil	ing Fee & Certif	ied Cor	ру			

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. Name of the limited liability company: JAND MP	ROPERTY INVESTMENTS GROUP					
2. (a) Principal office address of limited liability company	y: 2475 NW 95 AVENUE					
(Note: MUST BE STREET ADDRESS)	SUITE 3 DORAL, FL 33172					
(b) Mailing address of limited liability company:	2475 NW 95 AVENUE					
(Note: MAY BE POST OFFICE BOX)	SUITE 3 DORAL, FL 33172					
1/29/08	L08000010361					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:					
Registered Agent:	LAW OFFICES OF EDUARDO L HERN					
Registered Office Address:	306 ALCAZAR AVENUE					
	SUITE 203 CORAL GABLES, FL 33134					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE'</u> <u>NEW Registered Agent</u> :	HANI M. JARDACK					
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2475 NW 95 AVENUE SUITE 3					
(MOST BL I LORIDA STRELLI ADDRESS)	DORAL ,FL33172					
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.						
HANI M. JARDACK Printed or typed name of signee						
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity? I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.					
Signature of Registered Agont						

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