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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JSF3D, LLC	
(Name o	f Limited Liability Company)
Design M. J.	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
James S Falcone III	
(Name of Person)	
(Firm/Company)	
4570 Franwood Dr.	
(Address)	
Delray Beach, FL 33445	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
James S Falcone III	at (954) 540-4546
(Name of Person)	(Area Code & Daytime Telephone Number)
(common or a colourly	(i ii su code a Bayaine Telephone I tumbel)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (5/08)	

* ** 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: JSF3D, LL	C
 (a) Principal office address of limited liability compart (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 4570 Franwood Dr. Deiray Beach, FL 33445
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4570 Franwood Dr. Deiray Beach, FL 33445
February 14, 2008 3. Date of filing/registration in Florida	L08000016364 4. Document number
• •	
5. (a) Registered Agent and Registered Office shown or	·
Registered Agent:	United States Corporation Agents, Inc.
Registered Office Address:	13302 Winding Oaks Blvd., Suite A-100 Tampa, FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	James S Falcone III
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4570 Franwood Dr. Delray Beach, FL 33445 ,FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	e laws of the State of Florida, it is hereby confirmed tet address of the registered office and the business case of a Florida limited liability company, it is
James S Falcone III (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 pam familiar with and accept the obligations of my position F.S. Ox. if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in a registered agent as provided for in Chapter 608, a change in the registered office address, I hereby a din writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Bo FILING FE	E: \$25.00
INHS18 (05/08)	