## L080000/6364

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

J. BRYAN

MAY 17 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	JSF3D LLC
Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
JAMES S FALCONE III	
Name of Person	
JSF3D LLC	
Firm/Company	
BLVD	SEC 3
3275 FREDERICK PARTE APT 18	器 4 二
Address	
	EEC P IT
DELRAY BEACH, FL 33483	
City/State and Zip Code	MAY 16 PH 4: 28 ECRETARY OF STATE LLAHASSEE. FLORID
, ,	
JSFALCONE@GMAIL COM	•
USFALCONE@GMAIL.COM E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, p	please call:
JAMES S FALCONE IIIat	( 954 ) 540-4546
Name of Person	Area Code & Daytime Telephone Number
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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified 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. Name of the limited liability company:	JSF3D LLC	
2. (a) Principal office address of limited liability company	AATE PARTE PARTE ART AS	
(Note: MUST BE STREET ADDRESS)	DELRAY BEACH, FL 33483	
(b) Mailing address of limited liability company:	3275 FREDERICK DE SE APT 18	
(Note: MAY BE POST OF FICE BOX)	DELRAY BEACH, FL 33483	
02/14/2008	L08000016364	
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:	JAMES S FALCONE	
Registered Office Address:	1105 ANCHOR POINT DELRAY BEACH, FL 33482	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	JAMES S FALCONE III	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3275 FREDERICK DEEPE APT 18  DELRAY BEACH ,FL33483	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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 représentative of a member  AMES 5. FALCONE	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.	
Printed or typed name of signee	<del>-</del>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of legister Agent	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.	

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