LUSUUU39711

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SECRETARY OF STATE

OM OR MIT

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: JARNO LLC					
	ie of Limited L	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning this	is matter to the	following:			
ROBERT WIEDER					
Name of Person					
JARNO LLC					
Firm/Company		<u> </u>			
One Metropolitan Square, 211 N Broad	way				
Address			26		
St Louis, MO 63102-2750			2016 MAR 21 SECRETARY I		
City/State and Zip Code			R 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
RJW@abval.com			E C	177	
E-mail address: (to be used for future ann	ual report noti	fication)		U	
For further information concerning this matter,	please call:		A II: 48 OF STATE OF LORIDA		
ROBERT WIEDER	+44 at ((0)203 207 1263	•		
Name of Person		Area Code & Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	amount:				
2 \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: JARNO LLC					
2. (a)	R J WIEDER C/O BRYAN CAVE	(b	RJWIE	DER C/O BRYAN	CAVE	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited l		
	One Metropolitan Square, 211 N Broadway		One Me	tropolitan Square, :	211 N Bro	adwa _!
	St Louis MO 63102-2750	_	St Louis	MO 63102-2750		
	26 January 2016		L0800003	39711		
3.	Date of filing/registration in Florida	4.		Document number	- 	
5. (a)	AMERICAN SAFETY COUNCIL					
V. (4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	 c :		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u></u>	_		
	5125 ADANSON STREET, STE 500		•			
	ORLANDO;	32804		_		
	.FL				6.3	
(b)	JAN MARIE DOUGHTY CPA PLLC					to the same
(0)	Euter name of NEW Registered Agent und/or NEW Registered	Office ada	iress:		25.7 A.A.	in B
				ASS	7	-
	NEW P. LOSS AND			- [TI.		
	NEW Registered Office Address:				₩ >	
	3000 N ATLANTIC AVENUE, SUITE 208			·		
	COCOA BEACH 3	32931		Ö	8 h	
	, FL			- -		
the cha agent i was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of i will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility co the lim	tered office inpany, it is ited liability	e and the business offices s hereby confirmed that y company or as others	ce of the reg it the chang	gistered e(s)
	(Calt (. 6) 10-	RO	BERT WIL	EDER		
	ture of a member or authorized representative of a member		——————————————————————————————————————	Printed or typed name of s		
noun c e	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the change. The writing of this change. The fregistered Agent	ie to act performa för in C ëreby co	in this cape ince of my e hapter 605 infirm that i	acity. I further agree t duties, and I am famili , F.S. Or, if this docw the limited liability cor	o comply war with and nent is bein npany has i	ith the accept g filed seen
	<i>y</i> -					