L0800041251

(Requestor's Name)
•
(Address)
(.dd.255)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
eposition menutation in ming embor.
·
·

Office Use Only



200129014662

05/12/08--01043--001 **25.00

08 HAY 12 PM 3: 45

G. MCLEOD

MAY 1 3 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
	•	
SUBJI		nited Liability Company)
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
	Charles C. Jones, Esquire (Name of Person)	
	(Name of reison)	
Ward	hol, Merchant, Rollings, Buckle (Firm/Company)	ey & Pohl, LLP
1633	Southeast 47th Terrace	
	(Address)	
	Cape Coral, FL 33904	
	(City/State and Zip Code)	
For fur	ther information concerning this matter,	please call:
Char	les C. Jones, Esquire a (Name of Person)	t (239)542=0700 (Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following a	amount:
	\$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. The name of the limited liability company	s:JEEVES, LLC	
2. The mailing address of the limited liability	company is: 10427 Image Lake Court	
Fort Myers, FL 33907		
April 24, 2008	L08000041251	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the ref Florida Department of State:	gistered office address as shown on the records of the	
Will:	am Chaika	
10427 In	Name Anage Lake Court	
	Address Address THE ANALYSIS AND THE STREET CONTROL TO THE ANALYSIS AND THE STREET CONTROL TO THE ADDRESS AND THE ADDRESS AN	
Fort Mye	ers, FL 33907	
Cit	y, State and Zip	
6. The name and address of the new registered agent and/or office:		
William Cha	ORSTA Alka — — Alfa	
	Name 5	
	Lake Court 4000	
Florida street addr	ess (P.O. Box NOT acceptable)	
	FL 33907	
City	State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that t	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization lity company.	
(Signature of a member or authorized representative of a men	nber)	
Charles C. Jones, Esquire		
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in g filed to merely reflect a change in the registered office lity company has been notified in writing of this change.	
(Signature or regimered Agent)	<u></u> -	

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