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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

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2010 JAN -5 PH 4: 40
SECRETARY OF STATE
ASSEE, FLORID:

M. THOMAS

JAN - 6 2010

EXAMINER

COVER LETTER

| Division of Corpo | | | | J |
|--|--|-------------|---|------------------------------|
| SUBJECT: | | | ERPRISES, LLC | |
| | Name of Lim | ited Liab | ility Company | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered | Agent/Registered Offic | ce Chang | ge and fee(s) are submitte | ed for filing. |
| Please return all correspo | ndence concerning this | s matter | to the following: | |
| Jame | es A. Webster | | | |
| Nar | ne of Person | | | |
| | ENTERPRISES, LL | C | | 2010 SE TAL |
| 1264 | l Seagu <u>ll Dr.</u> | | | 2010 JAN - 5 PH SECRETARY OF |
| , | ddress | | , | 5 PH 5 PH 5 PH |
| | rood, Fl 34224 | | | YOF STATE |
| Cityron | te and sulf code | | | * |
| jimw5 E-mail address: (to be used | 8@gmail.com for future annual report notifi | ication) | | |
| For further information c | oncerning this matter, | please ca | ill: | |
| | | | | |
| Name of Pers | | t (| Area Code & Daytime Telepi | none Number |
| STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid | n ations · nter Circle | R D P | MAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, Florida 32314 | |
| | ck for the following | amount: | | |
| \$25 Filing Fee | | _ | \$55 Filing Fee & Certifi | ed Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2009

JAMES A. WEBSTER 1264 SEAGULL DR. ENGLEWOOD, FL 34224

SUBJECT: JKWEBSTER ENTERPRISES, LLC

Ref. Number: L08000094896

We have received your document for JKWEBSTER ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 909A00032693

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4.10、阿克斯克·克斯·克克斯·克斯斯克·克里尔西亚西亚斯斯克·斯德克·斯斯斯克·克里斯克尔

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: | /EBSTER ENTERPRISES, LLC |
|--|---|
| 2. (a) Principal office address of limited liability compa | ny: |
| (Note: MUST BE STREET ADDRESS) | 1264 Seagull Dr Englewood, FL 34224 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | PO Box 642 Venice, FI 34284 |
| 10/07/2008 | L08000094896 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | n the records of the Florida Dept. of State: |
| Registered Agent: | CORPORATION SERVICE COMPANY |
| Registered Office Address: | 1201 HAYS STREET |
| | TALLAHASSEE FL 32301 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: | EW Registered Office address: James A. Webster |
| - | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1264 Seagull Dr. |
| (MODI DE I EGIDATE ARROY - TRANSPORT | Englewood FL 34224 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | te laws of the State of Florida, it is hereby, is Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of arganization any. |
| James A. Webster | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability comp | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. |

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