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T. HAMPTON JUL 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ JAMOS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Moschos

Name of Person

JAMOS, LLC

Firm/Company

3019 NE 21st Street Address

Fort Lauderdale, FL 33305 City/State and Zip Code

mpmoschos22@msn.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Moschos Name of Person <u>9</u>54)

at (

551-1488

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 amount:



\$55 Filing Fee & Certified Copy

·STATEMENT OF CHANGE OF REGISTERED OFFICI	E 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.

ageni, or boin, in the state of Ftoriaa.		
1. Name of the limited liability company:	JAMOS, LLC	
2. (a) Principal office address of limited liability compan	y: 3019 NE 21st St.	
(<i>Note: MUST BE STREET ADDRESS</i>)	Fort Lauderdale, FL 33305	
(b) Mailing address of limited liability company:	3019 NE 21st St.	
(Note: MAY BE POST OFFICE BOX)	Fort Lauderdale, FL 33305	
November 3, 2008	L08000102786	
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:	Joanna James	
Registered Office Address:	3019 NE 21 STREET FORT LAUDERDALE, FL 33305	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>Mary Moschos</u>		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3019 NE 21st St	
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of a member of the appointment as registered agent and a comply with the provisions of all statutes relative to the prand 1 am familiar with and accept the obligations of my per Chapter 608, F,S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support	
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 1.4.2

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