## L09000010804

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S. HAWKES

APR 1 0 2009

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: JMF Consulting, LLC	
	f Limited Liability Company)
Doon Sin on Madama	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Joanne M. Puleo	
(Name of Person)	
JMF Consulting, LLC	<u>:</u>
(Firm/Company)	
6 Tomahawk Trail	
(Address)	
Ormond Beach, FI 32174	
(City/State and Zip Code)	
For further information concerning this matter	; please call:
Joanne M. Puleo	at ( 386 ) 690-6200
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAII INC ADDDECS.
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
	☐ \$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.

, and the second		
1. Name of the limited liability company: <u>JMF Cons</u>	sulting, LLC	. 0
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 6 Tomahawk Trail Ormond Beach, Fl 32174	. 0
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6 Tomahawk Trail Ormond Beach, Fl 32174	. O
February 3, 2009	L09000010804	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State	T
Registered Agent:	Joanne M. Puleo	
Registered Office Address:	Joanne M. Puleo 6 Tomahawk Trail Ormond Beach. Fl 32174	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	LW Registered Office address:  Joanne M. Puleo	Ω
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6 Tomahawk Trail	
	Ormond Beach FL 32174	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typed name of signee)	reet address of the registered office and the busing c case of a Florida limited liability company, it is	ess
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notified.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, a on as registered agent as provided for in Chapter a change in the registered office address, I hereb ied in writing of this change.	ınd I • 608, vy

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

(Signature of Registered Agent)