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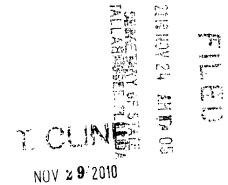
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUR	JECT: Janie	Poe	Associates 3, LLC			
JUB			d Liability Company			
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered C	Office	Change and fee(s) are submitted for filing	ng.		
Pleas	e return all correspondence concerning	this n	natter to the following:			
			•			
	Peter F. Souza Name of Person					
	Name of Person					
	NRAI Corporate Services, LL	<u></u>				
	Firm/Company	<u>.c</u>	·	71 100	2	
					600 600	
	2731 Executive Park Drive, Su	ita 1			MOV 24	10.00
	Address	116 4		en f	2	914 1
				i Si	Mas	11 to 1
	Weston, FL 33331			***		
	City/State and Zip Code			102 Jan		·
	·			E-	CS	
	psouza@nrai.com					
Е	-mail address: (to be used for future annual report n	otificati	on)			
For fi	urther information concerning this matt	er, ple	ase call:			
	Peter F. Souza	_ at (_	877) 261-6823 x 1759			
	Name of Person		Area Code & Daytime Telephone Number			
-	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	_ 22.	MAILING ADDRESS: Registration Section Division of Corporations P.OBox 6327 Tallahassee, Florida 32314	-		
	Enclosed is a check for the following	g am	ount:			
	\$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.

g , , , , ,				
Name of the limited liability company:	Janie Poe Associates	3, LLC		
2. (a) Principal office address of limited liability comp	any:			
(Note: MUST BE STREET ADDRESS)	3 EAST STOW ROAL MARLTON NJ 08053			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
02/12/2009	L090000	14422		
3. Date of filing/registration in Florida	4. Document number	144324		
5. (a) Registered Agent and Registered Office shown		Dept of State:		
Registered Agent: Registered Office Address:	W BRADLEY MUNRO 239 E VIRGINIA ST. TALLAHASSEE, FL 3	The state of the s		
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office add	lress:		
NEW Registered Agent:	NRAI Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4			
	Weston	,FL <u>33331</u>		
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 id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the	e registered office Florida limited		
Tony Smith, Member Printed or typed name of signee				
I hereby accept the appointment as registered agent an 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 NRAI Services, Inc.	proper and complete perform position as registered agent merely reflect a change in the any has been notified in write and the control of the	ty. I further agree to mance of my duties, as provided for in the registered office ting of this change.		
Signature of Registered Agent Peter F. Souza, Assistant Se	C.			

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