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	(Requestor's Name)
	(Address)
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⊸	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
-	(Document Number)
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Special Instruction	s to Filing Officer:
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	JOSCO INVESTMENTS LLC
·* . — — — — — — — — — — — — — — — — — —	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
JOHN VARGI	
Name of Person	
JOSCO INVESTM	ENTS LLC
Firm/Company	
2201 W VINE	E ST
Address	;
KISSIMMEE, FI City/State and Zip C	
CPA@KEYSTONE E-mail address: (to be used for future as	
For further information concerning	g this matter, please call:
JOHN VARGHESE	at (215) 6767666
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e following 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. Name of the limited liability company:	OSCO INVESTMENTS LLC		
2. (a) Principal office address of limited liability compar	y: 2201 W VINEST.		
(Note: MUST BE STREET ADDRESS)	KISSIMMEE, FL 34741		
(b) Mailing address of limited liability company:	JOSCO INVESTMENTS LLC		
(Note: MAY BE POST OFFICE BOX)	2201 W VINE ST		
	KISSIMMEE, FL 34741		
4/24/2009	L09000039648		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
Registered Agent:	JOHN VARGHESE		
Registered Office Address:	2201 W VINE ST 346 CELLO STREET KISSIMMEE, FL 34741- DAVEN PORT FL 33896		
•	FL. 33896		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>			
NEW Registered Agent:	NO CHANGE		
NEW Registered Office Address:	2201W VINE ST		
(MUST BE FLORIDA STREET ADDRESS)	KISSIMMEE ,FL34741		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
JOHN VARGHESE			
Printed or typed name of signee	- , .		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am accept the limited liability companies. I hereby confirm that the limited liability companies.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.		

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

Signature of Registered Agent