13900039648

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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SECRETARY OF STATE
OF A MASSEF FI OR IN

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	SUBJECT: JOSCO INVESTMENTS LLC			
	Name of	Limited Liability Company		
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	g this matter to the following:		
	JOHN VARGHESE			
	Name of Person			
	Firm/Company			
	3866 SHOREVIEW DR			
	Address			
	KISSIMMEE, FL 34744 City/State and Zip Code			
Ę.	MJOHN4US@YAHOO.CO mail address: (to be used for future annual report	M notification)		
For fu	rther information concerning this mat	ter, please call:		
	JOHN VARGHESE	_at (215)219 1973		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	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	ng 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:	JOSCO INVESTMENTS LLC
2. (a) Principal office address of limited liability of	company: 3866 SHOREVIEW DR
(Note: MUST BE STREET ADDRESS)	KISSIMMEE, FL 34744
(b) Mailing address of limited liability company	y: JOSCO INVESTMENTS LLC
(Note: MAY BE POST OFFICE BOX)	3866 SHOREVIEW DR KISSIMMEE, FL 34744
04/24/2009	L09000039648
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	JOHN VARGHESE
Registered Office Address:	2201 W. VINE ST
	KISSIMMEE, FL 34741
(b) Enter name of NEW Registered Agent and	/or NEW Registered Office address
NEW Registered Agent:	NO CHANGE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	3866 SHOREVIEW DR ST 20 C
	KISSIMMEE, ⇒,FL34744
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or Signature of a member or authorized representative of a member	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
JOHN VARGHESE	
Printed or typed name of signee	
	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did not not the registered office company has been notified in writing of this change.
Signature of Registered Agent	

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