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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Enuty Name)						
(Document Number)						
Certified Copies Certificates of Status						
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COVER LETTER

10:	Division of Corporations						
SUBJ	ECT:Amer	ican A	pprove	ed Job	s.com		
	Name of	Limited	d Liabili	ty Comp	any		
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered	Office (Change a	and fee(s	s) are submitted fo	or filing.	
Please	return all correspondence concernin	g this m	atter to t	he follo	wing:		
	Peter Jensen			_			
	Name of Person						
	Knights of the Round Tab Firm/Company	ole		-		2009 HAY 22 SECRETARY TALLAHASS	Nacc.)
	872 Cypress Lake Circle Address	9	. .	-		Y 22 AM I	
-	Fort Myers, FL 33919 City/State and Zip Code					AM II: 29 SEE, FLORIDA	•
E-	pj-10@prodigy.net mail address: (to be used for future annual repor	t notification	on)	-			
For fu	rther information concerning this ma	itter, ple	ase call:				
	Peter Jensen	at (_	239)	362-0393		
	Name of Person	~ (rea Code	& Daytime Telephone N	Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi Divi P.O.	stration S sion of C Box 632	Corporations		
	Enclosed is a check for the follow	ing am	ount:				
	\$25 Filing Fee		\$5:	Filing	Fee & Certified C	ору	

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:An	nerican Approved Jobs.con	<u>n</u>			
2. (a) Principal office address of limited liability compan	y:				
(Note: MUST BE STREET ADDRESS)	872 Cypress Lake Circle Fort Myers, FL 33912				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	872 Cypress Lake Circle Fort Myers, FL 33912				
05/06/2009	200155542908				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Detector	: ∰ate:			
Registered Agent:	Peter Jensen AFE	# 1			
Registered Office Address:	872 Cypress Lake Circle Fort Myers, FL 33912	22			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	Knights of the Round Table 872 Cypress Lake Circle				
(MUST BE FLORIDA STREET ADDRESS)	Fort Myers ,FI	_33912			
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	Florida street address of the register	red office			
Signature of a member or authorized representative of a member					
Peter Jensen Printed or typed name of signee					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand Vam familiar with and accept the obligations of my pochapter 508, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	agree to act in this capacity. I furth roper and complete performance of osition as registered agent as provi erely reflect a change in the registe ny has been notified in writing of th	her agree to f my duties, ided for in ered office his change.			
Signature of Registered Agent					

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