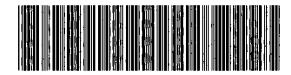
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SECRETARY OF STATI

M. THOMAS

OCT 9 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations	÷
SUB	JECT:J&K	SALES INTERNATIONAL, LLC
	Namo	ne of Limited Liability Company
Dear	Sir or Madam:	
The	enclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.
Pleas	se return all correspondence concer	erning this matter to the following:
	Michael Kovar	
	Name of Person	
	J & K SALES INTERNATIO	ONAL, LLC
	, Firm/Company	-
	4887 Pond Apple Dr	ors TAS 28
	Address	SECRETARY OF STATE ALLAHASSEE, FLORID, report notification)
		₩ CT _
	Naples, FI 34119	SSS -8 F
	City/State and Zip Code	EEO D
		Ers 🖺
	E-mail address: (to be used for future annual r	report notification)
For f	urther information concerning this	s matter, please call:
	Vilma Kovar	at (239) 777-9214
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS	S: MAILING ADDRESS:
	Registration Section Registration Section	
	Division of Corporations Division of Corporations	
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the following	llowing 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:	J & K SALES INTERNATIONAL, LLC
2. (a) Principal office address of limited liability	company:
(Note: MUST BE STREET ADDRESS	Naples, FL 34119
(b) Mailing address of limited liability compa	ıny:
(Note: MAY BE POST OFFICE BOX)	4887 Pond Apple Dr S Naples, FL 34119
06/01/2009	L09000052645
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept. of State:
Registered Agent:	Michael Kovar
Registered Office Address:	2100 Trade Center Way Naples, Fl 34109
(b) Enter name of <u>NEW Registered Agent</u> and	nd/or NEW Registered Office address
NEW Registered Agent:	Vilma Kovar
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRI	ESS) 4887 Pond Apple Dr S 55 55 55 55 55 55 55 55 55 55 55 55 5
	Naples EFL 34119
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member or authorized representative of a member	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
Vilma Kovar	
Printed or typed name of signee	
1 Day	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.
Signature of Registered Agent	

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