## L09 0000 74288

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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2011 MAY 16 PM 1: 07
SECRETARY OF STATE
TALL ANA SSEE, FLORID

T. CLINE
MAY 1 7 2011
EXAMINER

## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJE			I3E LI	<del></del>			
	Name of	Limite	d Liabil	ity Con	pany		
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered	Office	Change	and fee	e(s) are submitted for filing.		
Please	return all correspondence concerning	g this m	atter to	the foll	owing:		
	MARK TRAYNOR		· · · · · ·	_			
	Name of Person						
	J3E LLC						
	Firm/Company			_	SE(TALL	3 = =	
	1662 VADDLEV COLID				AH AH	Ι. *** ** < **	
<del></del>	1552 YARDLEY COURT Address			_	ARY VSSE	Y Y	
					E. F. F.		
	KISSIMMEE FL 34744				95 :	¢	
	City/State and Zip Code				SECRETARY OF STATE TALLAHASSEE, FLORIDA	<b>₽</b> ∹	
	MARKTRAYNOR@VOYAGE	R.NET					
E-n	nail address: (to be used for future annual report	notificati	on)				
For fur	ther information concerning this ma	tter, ple	ase call	:			
	MARK TRAYNOR	at (_	321		214 1783	<u>_</u>	
	Name of Person			Area Code	e & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
		5 am					
	\$25 Filing Fee		\$5	5 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:	J3E LLC					
2. (a) Principal office address of limited liability comp	pany: 1614 WEBER STREET					
(Note: MUST BE STREET ADDRESS)	ORLANDO FL 32803 US					
(b) Mailing address of limited liability company:	1614 WEBER STREET					
(Note: MAY BE POST OFFICE BOX)	ORLANDO FL 32803 US					
08/10/2009	L0900076288					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:					
Registered Agent:	TRAYNOR, MARK J ==					
Registered Office Address:	1614 WEBER STREET 共日 NORLANDO FL 32803 US公分 二 「					
	<u> </u>					
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	Enter name of NEW Registered Agent and/or NEW Registered Office address =					
NEW Registered Agent:	TRAYNOR, MARK J					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1552 YARDLEY COURT					
	KISSIMMEE ,FL34744					
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 ot 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 registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization					
MADIC TRAVAIOR						
MARK TRAYNOR  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	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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