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D. BRUCE
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Nancy G. Fax	
Name of Person	
Pasternak & Fidis, Firm/Company	P.C.
7735 Old Georgetown Road	
Bethesda, MD 208 City/State and Zip Code	814 E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
nfax@pasternakfidis E-mail address: (to be used for future annua	▶
For further information concerning th	is matter, please call:
Nancy G. Fax Name of Person	at (301) 656-8850 Area Code & Daytime Telephone Number
STREET/COURIER ADDRES 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 fo	ollowing 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.L. Miller Management, LLC					
2.	(a) Principal office address of limited liability cor	npany: Pasternak & Fidis, P.C. (NGF)					
	(Note: MUST BE STREET ADDRESS)	7735 Old Bethesda	7735 Old Georgetown Road, Suite 1100 Bethesda, MD 20814 Pasternak & Fidis, P.C. (NGF)				
	(b) Mailing address of limited liability company:	<u>Pa</u>					
	(Note: MAY BE POST OFFICE BOX)	7735 Old Georgetown Road, Suite 1100 Bethesda, MD 20814					
	10/28/2009						
3.	Date of filing/registration in Florida	4. Docume	nt number				
5.	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Agent:	it: Linda A. M					
	Registered Office Address:	2108 Inlet Ft. Laude	t Drive		-77		
	(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Dan Mille	W Registered Office address A Dan Miller SSA A DAN MILLER AND A DAN MILLER				
(MUST BE FLORIDA STREET ADDRESS)		Key Large	0	,FL 33	3037		
and lia of or	the limited liability company is not organized unde nfirmed that after the change or changes are made, d the business office of the registered agent will be bility company, it is hereby confirmed that the charthe members of the limited liability company or as the operating agreement of the limited liability confirmed that the chartheap of a member of a	the Florida street identical. Or, in nge(s) was/were a otherwise provid	address of the reg the case of a Flor outhorized by an a	gistered o rida limit affirmativ	office ed ve vote		
	Nancy G. Fax, Trustee, The Miller Continuing I	<u> </u>					
III con an Cr ad	hereby accept the appointment as registered agent mply with the provisions of all statutes relative to to all am familiar with and accept the obligations of interesting the second status of the limited liability conditions. The limited liability conditions of the limited liability conditions.	and agree to act i he proper and coi my position as reg to merely reflect o mpany has been n	in this capacity. In this capacity. In mplete performan is tered agent as a change in the resolution of the resolution of the resolution.	l further ice of my provided egistered of this c	agree to duties, for in office hange.		
Sig	gnature of Registered Agent						

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