## 1000014626

(Requestor's Name)		
(Address)		
(1/44/000)		
(Address)		
(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: La Mar Jewe	LLC Lightlity Company	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
nola Genzer		
Name of Person		
La Mar Jewel LLC		
Firty/Company		
17541 C. ashbourne L.	ane.	
Address y		
Boca Raton, Fla. 33496		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Thola Genye at (	361) 995-7400 Area Code & Daytime Telephone Number	
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 amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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: La Mar	· Jewel LLC	
2. (a) Principal office address of limited liability compan	v. 17541 C. Ashbourne Lane	
(Note: MUST BE STREET ADDRESS)	Boca Raton, F/a 33496	
(b) Mailing address of limited liability company:	17541 C. Ashbourne ban	
(Note: MAY BE POST OFFICE BOX)	Boca Ration, Fla	
12/2/09	# L'09000114626	
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:	Corporation Service Co.	
Registered Office Address:	1201 Hays St. Tallahasgee, II.	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	No.19 Genze	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Booa Raton m, po 33496	
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 identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  **DOVA** GENZER**  Printed or typed name of signee**	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	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 neely reflect a change in the registered office my has been notified in writing of this change.	

C