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SECRETARY OF STATE OF CORPORATION

Office Use Only

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	•	Jco Management LLC Name of Limited Liability Company		
			, ,	
Dear Sir	r or Madam:			
The enc	losed Registered Agent/Registered O	ffice C	change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning	this ma	atter to the following:	
	Jeannette Cottone			
	Name of Person			
	Jco Management			
	Firm/Company	·		
	14609 Josair Dr			
	Address			
	Orlando FI 32826			
	City/State and Zip Code			
	icannettecettene@hetmail.co	m		
jeannettecottone@hotmail.com E-mail address: (to be used for future annual report notification)				
For furt	her information concerning this matte	er, plea	se call:	
	Jeannette Cottone	_ at (407) 625-8332	
	Name of Person	_ `	Area Code & Daytime Telephone Number	
9	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		•	
Enclosed is a check for the following amount:				
v	\$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.

Name of the limited liability company:	Jco Management LLC			
2. (a) Principal office address of limited liability compan	y: 14609 Josair Dr			
(Note: MUST BE STREET ADDRESS)	Orlando Fl 32826			
(b) Mailing address of limited liability company:	14609 Josair Dr			
(Note: MAY BE POST OFFICE BOX)	Orlando FI 32826			
1/28/2010	L10000010560			
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 Services Company			
Registered Office Address:	1201 Hays St Tallahasee FI 32391			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Jeannette Cottone			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14609 Josair Dr Orlando Fl 32826 .FL			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member				
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand Van familiar with and accept the obligations of my p Chapten 608, F.S. Or, if this document is being filed to maddress, I hereby confirmitate the limited liability company. Signature of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.			

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