## L10000011158

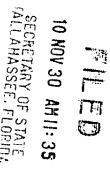
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	ress)  /State/Zip/Phone  WAIT  iness Entity Nar  ument Number)			

Office Use Only



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J. BRYAN

DEC -1 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations						
SUBJECT:	JOCHE	Q	TTC			
	mited Liability	Compan	у			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	Tice Change an	nd fee(s) a	are submitted fo	or filing.		
Please return all correspondence concerning to	his matter to th	e followin	ng:			
JOEL LAGO						
Name of Person	C					
JOCHE Q L) Firm/Company	<u></u>			SEC	10	
8004 NW 154 ST #208				RET	OE AON 01	Fi
Address				ETARY OF STATE HASSEE, FLORID,		m
: MIAMI LAKES, FL 33016				FLO	AH II: 35	U
City/State and Zip Code				ATE RIDA	ဌာ	
JLAGOBOX@GMAIL.COM  E-mail address: (to be used for future annual report not						
E-mail address: (to be used for future annual report not	ification)					
For further information concerning this matter	, please call:					
JOEL LAGO	at ( <u>305</u> )		305-1718			
Name of Person		a Code & Da	aytime Telephone N			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registi Divisio P.O. B	ING ADD ration Sect on of Corp ox 6327 assee, Flor	tion			
Enclosed is a check for the following	amount:					
\$25 Filing Fee	\$55 F	Filing Fee	& Certified Co	ру		

## 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:	JOCHE Q LLC				
2. (a) Principal office address of limited liability company	3500 DUPONT HIGHWAY				
(Note: MUST BE STREET ADDRESS)	DOVER, DE 19934				
(b) Mailing address of limited liability company:	P.O. BOX 577243				
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33255				
JANUARY 21, 2010	L 1 00 000 11158				
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:	CMS INTERNATIONAL ENTERPRISES				
Registered Office Address:	550 BILMORE WAY 200				
	CORAL GABLES, FL 33134				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8004 NW 154 ST # 208  MIAMI LAKES ,FL 33016				
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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 purport.  Printed or typed name of signee  I hereby accept the appointment as registered agent and agent.	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization				
comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to me	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

Signature of Registered Agent

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