Williams Parker

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Division of Comoration

## Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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Division of Corporations

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Account Number: 072720000266 ; (941)366-4800 Phone

; (941)552-7141 Fax Number

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

jimpohlman53@cmail.com Email Address:

## LLC REGISTERED AGENT CHANGE CJL OF WEST FLORIDA, LLC

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STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	•	Storm was
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the u er to change its registered o	nderstaned limited Opplied Opplice or registered E.
1. Name of the limited liability company:	CJL of West Florida. L	LC
2. (a) Principal office address of limited liability company	y: 460 Cherry Lane	
(Note: MUST BE STREET ADDRESS)	Mendham, NJ (	07945
(b) Mailing address of limited liability company:	460 Cherry Lane	)
(Note: MAY BE POST OFFICE BOX)	Mendham, NJ (	7945
April 28, 2010	L10000044131	,
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida D	ept. of State:
Registered Agent:	Judd, Ulrich, Scarlett, Wickman & Dean, PA	
Registered Office Address:	2940 S. Tamlami Trail Sarasota, Florida 342	39
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office addre Cross Street Corporate	•
NEW Registered Office Address:	200 S. Orange Avenue	
(MUST BE FLORIDA STREET ADDRESS)	Sarasota	,FL_34238
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identicability company, it is hereby confirmed that the change is of the members of the limited liability company or as other or the operating agreement of the limited liability compants.  Signature of member or authorized representative of a member.  Printed or typed name of signee.  I hereby accept the appointment as registered agent and the confirment agent ag	masswere authorized by and article in the article i	s of organization
I here by accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am schiller with and accept the obligations of my pi Chaple NGO. If S. Or, if this accument is being filed to maddress! Thereby confirm that the limited liability comparations of the statute of th	roper and complete perform osition as registered agent a erely reflect a change in the ny has been notified in writin	ance of my duties, is provided for in registered office ng of this change.

INHS18 (05/08)

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