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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: JRSR, LLC
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:
MATTHEW L. BELL, C.P.A.  Name of Person
BELL & VAN GRONDELLE CPA FIRM Firm/Company
109 AMBERSWEET WAY, SUITE 401 Address
DAVENPORT, FL 33897
City/State and Zip Code
SVEN@EXQUISITELAWNCARE.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
sven RASMUSSENat (407)745-1507
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Division of Corpo
Enclosed is a check for the following amount.

\$55 Filing Fee & Certified Copy

**▼**\$25 Filing Fee

## 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.

(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  D5/27/2010  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:  Registered Office Address:  Registered Office Address:  SUEN RASMUSSEN  ORLANDO, FL 32819  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Agent:  SYEN RASMUSSEN  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 by a member of a member of a member SVEN RASMUSSEN  Printed or typed name of signee	Name of the limited liability company:	JRSR, LLC	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  D5/27/2010  L10000057347  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 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 suthorized representative of a member  SVEN RASMUSSEN  Printed or typed name of signee	2. (a) Principal office address of limited liability company	y:	
(Note: MAY BE POST OFFICE BOX)  05/27/2010  1. 10000057347  1. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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  SVEN RASMUSSEN  Printed or typed name of signee	(Note: MUST BE STREET ADDRESS)	<u> </u>	
3. Date of filing/registration in Florida  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:  Registered Office Address:  Registered Office Address:  SUITE 550  ORLANDO, FL 32819  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  MEW Registered Office Address:  SVEN RASMUSSEN  54278 DAHLIA RESERVE DRIVE  KISSIMMEE ,FL34758  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  SVEN RASMUSSEN  Printed or typed name of signee	(b) Mailing address of limited liability company:		
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:  Registered Office Address:  COHEN, DAVID S. ESQUIRE  F728 MAJOR BLVD. SUITE 550 ORLANDO, FL 32819  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  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  SVEN RASMUSSEN  Printed or typed name of signee	(Note: MAY BE POST OFFICE BOX)		
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SVEN RASMUSSEN  Printed or typed name of signee	confirmed that after the change or changes are made, the F 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	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	
Printed or typed name of signee	Signature of a member or authorized representative of a member		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in		<del></del>	
Chaptery 100/07.5. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change.	I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 108 P.S. Or, if this document is being filed to me address I hereby confirm that the limited liability company	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 whas been notified in writing of this change.	

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