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SCURETARY OF STATE
FALL AHASSEF F STATE

D. BRUCE

MAY 0 7 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ECT: Jam Name of				y, LLC			_
	Name of	Lilling	u Liavi.	iity Co	, ,			
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office	Change	and fe	ee(s) are submitted	d for filing	ζ,	
Please	return all correspondence concerning	g this m	natter to	the fo	ollowing:			
	James Roy Name of Person							
	Name of Person							
٠.	James Anthony Roy, LLC							
	Firm/Company					∑ ⊆	=	
						C 0	2	
	15502 Cannotalado I n					HA	12 MAY - 3 MM 2: 45	-
	15502 Gannetglade Ln Address			_		SS.	င်စ	Г
	Address					EE.	739	Ė
							3 2	-
	Lithia, FL 33547					SA A		•
	City/State and Zip Code		•			IARY OF STATE ASSEE. FLORIDA	Ön	
	iames@iamesrov.net							
E-1	james@jamesroy.net mail address: (to be used for future annual report	notificati	on)					
For fur	ther information concerning this mat	ter, ple	ase call	l :				
	James Roy	_ at (813)	523-63	37		
	Name of Person			Area Co	ode & Daytime Telepho	ne Number		
	STREET/COURIER ADDRESS: Registration Section				G ADDRESS:			
	Division of Corporations			-	of Corporations			
	Clifton Building			Box 6				
	2661 Executive Center Circle		Tal	lahasse	e, Florida 32314			
	Tallahassee, Florida 32301							
	Enclosed is a check for the following	ng am	ount:					
[\$25 Filing Fee		\$5	55 Filir	ng Fee & Certified	d 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:	James Anthony Roy, LLC						
2. (a) Principal office address of limited liability compar	ny: James Anthony Roy, LLC						
(Note: MUST BE STREET ADDRESS)	15846 FishHawk View Dr. Lithia, FL 33547						
(b) Mailing address of limited liability company:	James Anthony Roy, LLC						
(Note: MAY BE POST OFFICE BOX)	15846 FishHawk View Dr. Lithia, FL 33547						
1/31/2011	L11000012714						
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:	James Roy						
Registered Office Address:	James Anthony Roy, LL® C. 15846 FishHawk View DF C. Lithia, FL 33547						
(b) Enter name of NEW Registered Agent and/or NE							
NEW Registered Agent:	of Si D						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	James Anthony Roy, LLE 5 15502 Gannetglade Ln. FL33547						
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	<u>. </u>						
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 the Chapter 608, F.S. Or, if this document is being filed to a address, 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 nerely reflect a change in the registered office any has been notified in writing of this change.						
Division of Corporations, P.O. Box 6	6327, Tallahassee, FL 32314						

FILING FEE: \$25.00

INHS18 (05/08)