

L11000022391

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 20 2011

EXAMINER

**THE LEHMAN FIRM**

P.O. Box 1437
Boca Raton, Florida 33429

Jonathan H. Lehman, Esquire
Admitted to the Florida Bar

Direct Line 561.750.4586 • Facsimile 561.431.5765 • jonathan.lehman@thelehmanfirm.com

May 16, 2011

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 MAY 19 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT FILE THIS COVER LETTER: FOR TRANSMISSION PURPOSES ONLY

RE: AMENDMENTS AND REGISTERED AGENT CHANGE FORMS

To Whom It May Concern:

Enclosed please find:


1) Submissions for filing 13:

<u>SUZANNE KHALIL LLC</u>	<u>STATE OF CHANGE RA</u>	<u>25.-</u>
<u>ERNESTINA LLC</u>	<u>STATE OF CHANGE RA</u>	<u>25.-</u>
<u>LATIN EDIBLES LLC</u>	<u>STATE OF CHANGE RA</u>	<u>25.-</u>
<u>J2 CONSULTING GROUP LLC</u>	<u>STATE OF CHANGE RA</u>	<u>25.-</u>
<u>FIVE SEVEN ZERO LLC</u>	<u>ART. AMEND LLC</u>	<u>25.-</u>
<u>TWO FIVE EIGHT LLC</u>	<u>ART. AMEND LLC</u>	<u>25</u>
<u>JONATHAN LEHMAN REAL ESTATE LLC</u>	<u>ART. AMEND LLC</u>	<u>25</u>
<u>FOREIGN DIRECT INVESTMENT LLC</u>	<u>ART. AMEND LLC</u>	<u>25.-</u>
<u>SIX FOUR SIX LLC</u>	<u>ART. AMEND LLC</u>	<u>25</u>
<u>THREE ZERO FIVE LLC</u>	<u>ART. AMEND LLC</u>	<u>25.-</u>
<u>JHL REGISTERED AGENT LLC</u>	<u>ART. AMEND LLC</u>	<u>25</u>
<u>SIX FOUR FOUR LLC</u>	<u>ART. AMEND LLC</u>	<u>25.-</u>
<u>JONATHAN H. LEHMAN, P.A.</u>	<u>ART. AMEND CORP.</u>	<u>35.-</u>

2) Filing fees totaling \$ 335.

Please contact the undersigned at 561.750.4586 with questions or comments. Thank you for your assistance.

Very truly yours,


Jonathan H. Lehman

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERNESTINA 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:

Jonathan H. Lehman, Esq.
Name of Person

The Lehman Firm
Firm/Company

PO Box 1437
Address

Boca Raton, FL 33429
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

FILED
11 MAY 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jonathan H. Lehman, Esq. at (561) 750-4586
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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.

1. Name of the limited liability company: ERNESTINA LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

20320 NE 16TH PLACE
MIAMI, FL 33179

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

20320 NE 16TH PLACE
MIAMI, FL 33179

02/22/2011

3. Date of filing/registration in Florida

L11000022391

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JHL Registered Agent, LLC

Registered Office Address:

568 Yamato Rd. Suite 200
Boca Raton, FL 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

JHL Registered Agent, LLC

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

6531 Park of Commerce Blvd.
Suite 180
Boca Raton, FL 33487

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]
Signature of a member or authorized representative of a member

Jonathan H. Lehman, Authorized Agent

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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 Chapter 608, F.S. 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.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00