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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 25 PM 1:50

T. HAMPTON

APR 26 2011

EXAMINER

COVER LETTER

SUBJECT: _____ JOE JOHN MOTORS 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:

_____ JUAN R. BOADA _____

Name of Person

_____ JOE JOHN MOTORS LLC _____

Firm/Company

_____ 1455 W LANDSTREET ROAD UNIT #408 _____

Address

_____ ORLANDO, FL 32824 _____

City/State and Zip Code

_____ boadajuanr@yahoo.com _____

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

For further information concerning this matter, please call:

_____ Juan R Boada _____ at (__407__) _____ 908-8088 _____

Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: __JOE JOHN MOTORS LLC__

2. (a) Principal office address of limited liability company: __1455 W LANDSTREET ROAD__

   (*Note: MUST BE STREET ADDRESS*) __UNIT #408__
   __ORLANDO, FL 32824__

   (b) Mailing address of limited liability company: __1510 PERKINS ROAD__

   (*Note: MAY BE POST OFFICE BOX*) __ORLANDO, FL 32809__

   __02/28/2011__   __L11000024916__
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: __JOSE A. ROSARIO__

   Registered Office Address:

   __1510 PERKINS ROAD__
   __ORLANDO, FL 32809__

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

   NEW Registered Agent: __JUAN R. BOADA__

   NEW Registered Office Address: __1510 PERKINS ROAD__
   (MUST BE FLORIDA STREET ADDRESS)

   __ORLANDO__   ,FL__32809__

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

__JUAN R. BOADA__
Printed or typed name of signee

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 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 of Registered Agent

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

INHS18 (05/08)