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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)						
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) (Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
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Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)					
Special Instructions to Filing Officer:	(Document Number)					
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

APR 1 8 2011

EXAMINER

COVER LETTER

Division of Corpo	rations					
SUBJECT:	В	ackflo	w Jac	ket, LLC		
SODJECT:	** ***			ty Company	<i>'</i>	
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered (Office (Change	and fee(s) a	re submitted fo	or filing.
Please return all correspon	ndence concerning	this m	atter to	the followin	ıg:	
Jeren	ny M. Devine			_		
Nam	e of Person					11 APR 15 PH 2: 45 SECRETARY OF STATE TALLAHASSEE, FLORID
Backflo	w Jacket, LLC		a			要是
Firm	/Company			_		SSER RY C
						70 2
5960	Julie Avenue			_		97 -
A	ddr e ss					
Jackson	ville, FL 32254					
-	e and Zip Code					
E-mail address: (to be used to	<u>:ket@hotmail.co</u>	m		_		
E-mail address: (to be used)	or tuture annual report i	nouncauc) (10			
For further information co	ncerning this mate	ter, plea	ase call:			
Jeremy M. [)evine	at (904)	652-0289	
Name of Perso		(_		Area Code & Da	ytime Telephone N	lumber
STREET/COURIE				ILING ADD		
Registration Section		Registration Section Division of Corporations				
Division of Corpora Clifton Building	uoiis			sion of Corpo Box 6327	JI AUOIIS	
2661 Executive Cen	ter Circle			ahassee, Flori	ida 32314	
Tallahassee, Florida						
Enclosed is a chec	k for the following	ng amo	unt:			
\$25 Filing Fee			\$55	5 Filing Fee	& Certified C	ору

TO: Registration Section

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. N	Name of the limited liability company:	Backflow Jacket, LLC
2. (a) Principal office address of limited liability company	5960 Julie Avenue
	(Note: MUST BE STREET ADDRESS)	Jacksonville, El 32254
(1	b) Mailing address of limited liability company:	5960 Julie Avenue
	(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL 32254
	March 18, 2011	L11000033265
3. I	Pate of filing/registration in Florida	4. Document number
5. ((a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	Sandra Bryant
	Registered Office Address:	US Corp. Agents, Inc.
	109.50.00 011100 1100.005.	13302 Winding Oak Court, Suite A
		<u>Tampa, FL 33612</u>
(1	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address: Jeremy M. Devine
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Backflow Jacket, LLC 5960 Julie Avenue
	MUST BE FLORIDA STREET ADDRESS	Jacksonville ,FL32254
conf and liabi of th	e limited liability company is not organized under the larmed that after the change or changes are made, the Flathe business office of the registered agent will be identified to company, it is hereby confirmed that the change(s) he members of the limited liability company or as otherwise operating agreement of the limited liability company. Jeremy M. Devine	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signa	ture of a member or authorized representative of a member	· Sin a m
Ü	•	元まり
	Jeremy M. Devine	
	reby accept the appointment as registered agent and as ply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision for any positive to the provision of the limited liability company where of Relistered Agent	gree to act in this capacity. I farther agree to per and complete performance of my duties, it in a registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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