## L11000033485

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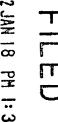
Office Use Only



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J. BRYAN

JAN 19 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations					
SUBJECT:					tch Repair L.L.C	
	Name of	Limited	l Liabil	ity C	ompany	
Dear Sir or Madam:						
The enclosed Register	ed Agent/Registered	Office (	Change	and.	fee(s) are submitted for filing.	
Please return all corre	spondence concerning	g this m	atter to	the f	following:	
	Nicolae Jara					
	Name of Person			_		
N & R Expert J	ewelry & Watch Re	pair L.I	C		,	
	Firm/Company				2012 JAN TO THE SECRET FLORIDA	
1006 E /	Altamonte Drive #10	ากร			CRT AND	
1000 L.	Address	<del>,,,,,</del>			हें हैं व	, I
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		- 4			7,0	<u> </u>
	nte Springs FL 327	01			<u>G</u>	
City	y/State and Zip Code					S.
nick	kjarp@yahoo.com used for future annual report				ŕ	
E-mail address: (to be t	ised for future annual report	nomicano	on)			
For further informatio	n concerning this ma	tter, ple	ase call	:		
Nicola	as Jarp	at (	407	_)_	928-5188	
Name of	Person			Area (	Code & Daytime Telephone Number	
STREET/COU	RIER ADDRESS:		MA	ILIN	G ADDRESS:	
Registration Sec	etion	Registration Section				
Division of Cor		Division of Corporations				
Clifton Building		P.O. Box 6327				
2661 Executive			Tal	lahass	see, Florida 32314	
Tallahassee, Flo	orida 32301					
Enclosed is a	check for the follow	ing amo	ount:			
\$25 Filing I	\$25 Filing Fee & Certified Copy		ing Fee & Certified Copy			

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. Name of the limited liability company: N & R Ex	pert Jewelry & Watch Repair L.L.C
2. (a) Principal office address of limited liability company	y: 1006 E Altamonte Drive #1003
(Note: MUST BE STREET ADDRESS)	Altamonte Springs FL 32701
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1006 E Altamonte Springs #1003 Altamonte Springs FL 32701
Jan. 9th 2012	L11000033485
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:	Roberto J Guadalupe Rivera
Registered Office Address:	4. Document number the records of the Florida Dept. of State:  Roberto J Guadalupe Rivera 1006 EAST ALTAMONTE DRIVE 1003 ALTAMONTE, FL 32701 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Roberto J Guadalupe Rivera
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1006 E Altamonte Drive #1003 Altamonte Springs FL 32701
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fland 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 or the operating agreement of the limited liability company  Signature of a member of authorized representative of a member  Nicolas Jarp  Printed or typed name of signee	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.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.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 what have been notified in writing of this change.

Signature of Registered Agent