## 110000040917

(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nai	me)
(Docu	ment Number)	·
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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B. BOSTICK MAY - 7 2012**EXAMINER** 

## **COVER LETTER**

The end	CT:						
Dear Si	CT:	150	4				
The end	N	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	ational Tov				
The end	N	ime of Limit	ed Liability C	Company			
	r or Madam:						
	closed Registered Agent/Regi	stered Office	Change and	fee(s) are submitted for	filing.		
Please r	return all correspondence con	cerning this	matter to the	following:			
	Diego F. Ocam	ino					
	Name of Person	<u> </u>	······································				
<del></del>	JD International Tow Firm/Company	ring LLC					
	10902 N. Dixon	Ave					
	Address	**************************************					
					Z S		
	Tampa FL 336	12				2	
	City/State and Zip Cod				E C	12 MAY -3	
					SS	t W	i de la compania de La compania de la co
	idmasterhome@hotn	nail.com			m m-<	·	1 2 7 7
E-m	jdmasterhome@hotn ail address: (to be used for future annu	al report notifica	tion)		77	3	<u> </u>
For furt	her information concerning th	nis matter, pl	ease call:		ORLIARY OF STATE LAHASSEE, FLORIDA	2:49	البيدا
	Diego F. Ocampo	at (	813 )	841-4620			
· · · · · · · · · · · · · · · · · · ·	Name of Person	as (		Code & Daytime Telephone Nur	nber		
_							
	STREET/COURIER ADDRES	<b>SS:</b>		NG ADDRESS:			
	Registration Section Division of Corporations		Registration Section Division of Corporations				
	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314						
7	Fallahassee, Florida 32301			<b>,</b>			
l	Enclosed is a check for the f	ollowing an	oant:				
¥	\$25 Filing Fee		\$55 Fil	ling Fee & Certified Cop	у		

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:	JD International Towing LLC				
2. (a) Principal office address of limited liability comp	any: 10902 N Dixon Ave				
(Note: MUST BE STREET ADDRESS)	Tampa FL 33612				
(b) Mailing address of limited liability company:	10902 N Dixon Ave				
(Note: MAY BE POST OFFICE BOX)	Tampa FL 33612				
April 05, 2011	L11000040917				
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:	Jorge A Ocampo				
Registered Office Address:	10902 N Dixon Ave				
	Tampa FL 33612				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Diego F Ocampo				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10902 N Dixon Ave				
	Tampa ,FL33612				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as often or the operating agreement of the limited liability company or the operating agreement of the limited liability company or a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability complete the state of Registered Agent	d 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 merely reflect a change in the registered office any has been notified in writing of this change.				
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314				
FILING FEE: \$25.00					

INHS18 (05/08)