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SECRETARY OF STATE
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J. BRYAN

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EXAMINER

COVER LETTER

TO:

TXIII C 10 / E/001

TO: Registration Section Division of Corporations		
ov.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MI OR LLC	
SUBJECT: JONLOR 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 n	•	
rease return an correspondence concerning ans in	latter to the following.	
Tamara Marsh		
Name of Person	······································	
JONLOR LLC		
Firm/Company		
16246 NW 17 COURT	TILED JUL 20 MIII: ST CAHASSEE. ELONI	
Address	SSEE	
PEMBROKE PINES, FL. 33028	F S I	
City/State and Zip Code	Rich Control	
tayjon111@hotmail.com E-mail address: (to be used for future annual report notification)	on)	
For further information concerning this matter, please call:		
Tamara Marsh at (954) 651-3007	
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

1-

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.

Name of the limited liability company:	JONLOR LLC		
2. (a) Principal office address of limited liability company	: 16246 NW 17 COURT		
(Note: MUST BE STREET ADDRESS)			
	PEMBROKE PINES, FL. 33028		
(b) Mailing address of limited liability company:	16246 NW 17 COURT		
(Note: MAY BE POST OFFICE BOX)	PEMBROKE PINES, FL.33028		
4/11/2011	L11000043477		
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:	MAUREEN HALL		
Registered Office Address:	16246 NW 17 COURT PEMBROKE PINES, FL. 33028		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: TAMARA MARSH 16246 NW 17 COURT PEMBROKE PINES ,FL33028		
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 Effirmative vote of the members of the limited liability company or as otherwise provided in the article discontinuation or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member TAMARA MARSH Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Therefore 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.			