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J. SAULSBERRY REMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB	JECT: <u>JRe Ammak</u> (Name of L	imited Liability Company)	<u>-</u>	
Dear	Sir or Madam:			
The 6	enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for	filing.	
Pleas	se return all correspondence concerning t			
	Name of Person	wski'		
	(Firm/Company) 85 MASON AV. (Address)	<u>e</u>	SECRETARY O	
	Waterbury Ct (City/Style and Zip Code)	06708	PH 3: 35	
For fi	urther information concerning this matte Some (Name of Person)	at (<u>203</u>) <u>206-1965</u> (Area Code & Daytime Telep		nber)
•	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	g amount:		
	\$25 Filing Fee	\$55' Filing Fee & Certified Cop	у	

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 campany 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: (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registere **NEW** Registered Agent: **NEW** Registered Office Address: MUST BE FLORIDA STREET 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 of the operating agreement of the limited liability company. or the operating agreement of the limited liability company. cr or authorized representative of a member

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 618, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that he limited tlability company has been notified in writing of this change.

Between Agent

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

INHS18 (05/08)