#111000071979

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K.SALY EXAMINER FEB 2 5 2013

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JAGAN I, LLC			
Name of L	imited Liability	y Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted for filing	J .
Please return all correspondence concerning to	this matter to th	e following:	
Jason H. Rinehart			
Name of Person			
JAGAN I, LLC			
Firm/Company			
1606 N. Grandview Ave.			
Address			
Daytona Beach, FL 321	18		
City/State and Zip Code			
jasonr640@yahoo.com			
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter	er, please call:		
Jason Rinehart	at (386	566-6424	
Name of Person	Ar	ea Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAI	LING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations		ion of Corporations Box 6327	
Clifton Building 2661 Executive Center Circle		hassee, Florida 32314	
Tallahassee, Florida 32301	i unui	lassee, Frontal 3251 (
Enclosed is a check for the followin	g amount:		
□ \$25 Filing Fee	\$55	Filing Fee & Certified Copy	

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.

(Note: MUST BE STREET ADDRESS)	ny: 1606 N. Grandview Ave. Daytona Beach, FL 32118		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1606 N. Grandview Ave. Daytona Beach, FL 32118	13 F. T. B. 2.	
06-21-2011	L11000071979		
3. Date of filing/registration in Florida	4. Document number	24.	
5. (a) Registered Agent and Registered Office shown		Dept. of State:	
Registered Agent:	Florida Filling & Search Services	s, Inc	
Registered Office Address:	155 Office Plaza Dr. Suite A		
	Tallahassee, FL 32301		
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office add	lress:	
<u>NEW</u> Registered Agent:	Jason H. Rinehart		
	1606 N. Grandview Ave.		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			

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 or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jason Rinehart

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 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.

Signature of Registered Agent

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

Printed or typed name of signee