

L11000106637

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

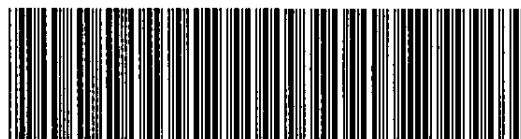
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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J. SAULSBERRY  
EXAMINER  
NOV 30 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JR BEAN INTERNATIONAL 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 matter to the following:

Gale M. Bobenhausen, Esquire

Name of Person

Law Office of Gale M. Bobenhausen, P.A.

Firm/Company

28051 U.S. Highway 19 North, Suite 107

Address

Clearwater, FL 33761

City/State and Zip Code

gmbobenhausen@gmbpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gale M. Bobenhausen

Name of Person

at ( 727 )

252-0230

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

FILED  
2011 NOV 28 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: JR BEAN INTERNATIONAL LLC

2. (a) Principal office address of limited liability company: 1237 Lady Marion Lane

**(Note: MUST BE STREET ADDRESS)**

Dunedin, Florida 34698

(b) Mailing address of limited liability company: Same as above

**(Note: MAY BE POST OFFICE BOX)**

9/15/11

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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: Mary E. Lowrey

Registered Office Address: 1237 Lady Marion Lane  
Dunedin, FL 34698

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Gale M. Bobenhausen, Esquire

**NEW** Registered Office Address: 28051 U.S. Highway 19 North  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 107  
Clearwater, FL 33761

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.

Gale M. Bobenhausen  
Signature of a member or authorized representative of a member

Gale M. Bobenhausen, Esquire

Printed or typed name of signer

*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.*

Gale M. Bobenhausen  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
NOV 28 AM 9:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA