L11000106910

(Re	equestor's Name)			
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

Division of Corp	orations			
SUBJECT:	Jaguel Enterprises LLC			
	Name of Li	imited	Liability C	ompany
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered Of	ffice C	Change and	fee(s) are submitted for filing.
Please return all correspondent	ondence concerning the	his ma	atter to the f	following:
	Jaguel Freeman			
140	ine of Terson			
	Enteprises LLC m/Company			
	r Resort Lane, Apt I	<u> </u>		
Tam	ıpa, FL 33617			
City/St	ate and Zip Code	·		
kfreeman1 E-mail address; (to be use	6@tampabay.rr.cor	n tification	n)	
For further information of				
K.J. Free	eman	at (813)	846-6915
Name of Per	son		Area C	Code & Daytime Telephone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	on rations enter Circle		Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314
Enclosed is a ch	eck for the following	g amo	unt:	•
\$25 Filing Fee			\$55 Fili	ing Fee & Certified Copy

TO:

Registration Section

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.

Name of the limited liability company:	Jaguel Enterprises LLC
2. (a) Principal office address of limited liability compan	y: 7810 River Resort Lane Apt F.
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33617
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7810 River Resort Lane Apt F
September 19, 2011 3. Date of filing/registration in Florida	1.11000106910 SS = 17 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept State.
Registered Agent:	United States Corporation Fliques, Inc
Registered Office Address:	13302 Winding Oak Court Tampa, FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Keith Freeman
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7810 River Resort Lane Apt Fi Tampa FL 33617
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote srwise provided in the articles of organization
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Pagistared Agent	,