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01/15/14--01013--008 **25.00



J. Shivers JAN 2 4 2013

COVER LETTER

TO: Registration Section Division of Corporations JVTUCKER-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: James Tucker Name of Person JVTUCKER-LLC Firm/Company 99 Glenabbey Drive Address Courtice, ON, Canada L1E2B6 City/State and Zip Code tuckerv@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Tucker Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

son, in the state by I to had.				
1. Name of the limited liability company:				
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5319 Harmony Place Kissimmee, FL 34758			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	99 Glenabbey Drive Courtice, ON L1E2B6 CA			
11/17/2011	L11000130976			
3. Date of filing/registration in Florida	1. Document number			
5. (a) Registered Agent and Registered Office shown on the	ne records of the Flori	da Dept.	of State	:
Registered Agent:	Mitchell Harris			
Registered Office Address:	710 E 6th Street			
	Apopka, FL 32703	:		
		1 1 1		
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office a	ddrëss:		; ;
NEW Registered Agent:	James Tucker	• • • • • • • • • • • • • • • • • • • •	ज	,
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5319 Harmony Place	14. 274.		· ·
	Kissimmee	======	.FL ¹ 34758	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of	the regis	stered of	ice vote of on or
Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, thereby confirm that the limited liability company	gree to act in this capa per and complete perj ition as registered ag ely reflect a change in has been notified in w	acity. I f formance ent as po the reg vriting o	urther as e of my d ovided fo istered o f this cho	ree to uties, or in ffice inge.

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