## L12000018241

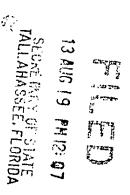
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## COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: Jamor 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 S. MCNeill Name of Person
Jamoiz LLC Firm/Company
116 Tanbark Trail Address
Wellington F1.33414  Deity/State and Zip Code
Shannonmen 67@ aol. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James S. McNeill at (561) 241-4450  Name of Person at (561) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company:	or LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Belle Glade, FI. 33430	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1294 Brampton Cove Wallington Fl 33414	
02/08/2012	L12000018541	
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:	James S. Mellei	
Registered Office Address:	1294 Brampton Cov Wellington Fl 33414	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> :		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Wellington FL 33414	
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 the members of the limited liability company or as otherw the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Tames Shannon MCNeill  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 prand I am familiar with and accept the obligations of my pochapter 608. F.S. Or if this document is being filed to me address. I hereby confirm that the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote of ise provided in the articles of organization or	