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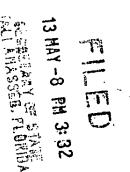
<u>΄</u> (Rε	equestor's Name)	
. (Address)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Registration Section

Division of Corporations				
SUBJECT: Luck JC LLC  Name of Limited Liability Company	<del></del>			
Name of Emitted Elability Company	$\overline{\omega}$			
Dear Sir or Madam:	HAY -			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:	မ မ	*		
Frely Arizmendi Rosas Name of Person	,			
Luck JC UC Firm/Company.				
2016 Rookery Bay Dr., # 1408				
Maples FL 34/14 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Fredy Arizmendi Rocks at (239) 821-0670  Name of Person 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 & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	ICE OR REGISTERED AGENTSOR
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.	
1. Name of the limited liability company:	uck JC LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 1940 49+1 St. Sha 14ples, FL 34116
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Syme
10/4/2012	L12000051356
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:	Mercedes Juane Casas Rivero
Registered Office Address:	1940 4971 ST. SW Naples, FL 34116
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Fredy Arizmendi Rosas
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2016 Rookery Bay Pi, # 1408
·	114p/es ,FL 34//4
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 ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of 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
Signature of a member or authorized representative of a member	_
Mescela Tuana Casas Res. Printed or typed name of signee	Le joh
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my particle to the provision of the companies of the provision of the pr	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

Fredy Ariemend.
Signature of Registered-Agent