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| (Requestor's Name)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |  |  |  |
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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations |  |                                      |  |  |  |  |  |
|---|---|--|--------------------------------------|--|--|--|--|--|
| SUBJE   | JLSL MANAGEMENT, LLC                          |  |                                      |  |  |  |  |  |
| 0000  |   | Name of Limited Liability Company  |                                      |  |  |  |  |  |
| Dear S  | ir or Madam:                                  |  |                                      |  |  |  |  |  |
| The en  | closed Registered Agent/Registered Offic      | ce Change and  | d fee(s) are submitted for filing.   |  |  |  |  |  |
| Please  | return all correspondence concerning this     | s matter to the  | e following:                         |  |  |  |  |  |
| John  | W. Roberts, Esq.                              |  |                                      |  |  |  |  |  |
|   | Name of Person                                | · • · · ·  | <del></del>                          |  |  |  |  |  |
| Law Offices of John W. Roberts, PLLC.   |   |  |                                      |  |  |  |  |  |
|   | Firm/Company                                  |  |                                      |  |  |  |  |  |
| 1227  | 3 US Highway 98, West, Suite 204              | <b>,</b>   |                                      |  |  |  |  |  |
|   | Address                                       |  |                                      |  |  |  |  |  |
| Santa   | a Rosa Beach, Florida, 32550                  |  |                                      |  |  |  |  |  |
|   | City/State and Zip Code                       |  | <del></del>                          |  |  |  |  |  |
| john@   | වුjohnwrobertslaw.com                         |  |                                      |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                  |   |  |                                      |  |  |  |  |  |
| For further information concerning this matter, please call:                        |   |  |                                      |  |  |  |  |  |
| John  | W. Roberts, Esq.                              | 850<br>at (  | 250-0887                             |  |  |  |  |  |
|   | Name of Person                                | <u> </u>   | Area Code & Daytime Telephone Number |  |  |  |  |  |
| Registration Section Regi<br>Division of Corporations Divi<br>Clifton Building P.O. |   | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 |                                      |  |  |  |  |  |
|   | Enclosed is a check for the following amount: |  |                                      |  |  |  |  |  |
|   | ☑ \$25 Filing Fee                             |  | 655 Filing Fee & Certified Copy      |  |  |  |  |  |
| INHS18  | 8 (2/14)                                      |  |                                      |  |  |  |  |  |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na                       | ame of the limited liability company: JLSL MANAG  | iEMEI                                     | NI, LLC  |  |  |  |
|-----------------------------|---|---|--|--|--|--|
| 2. (a)                      | 42 Business Centre Drive  | (   | (b) 42 Business Centre Drive                                 |  |  |  |
|                             | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ `                                       |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |  |
|                             | Unit 112  |   | Unit 112   |  |  |  |
|                             |   | -   |  |  |  |  |
|                             | Miramar Beach, Florida, 32550   |   | Miramar Beach, Florida, 32550                                |  |  |  |
|                             | 8/21/2012   |   | L120001  | 07607  |  |  |
| 3.                          | Date of filing/registration in Florida  | 4.  |  | Document number  |  |  |
| 5. (a)                      | Angela Proffitt   |   |  |  |  |  |
| ()                          | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |   |  |  |  |  |
|                             | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   |  | -  |  |  |
|                             | 4039 East County Highway 30A  |   |  |  |  |  |
|                             | Seagrove Beach , FL   | 32459                                     | 9  | -<br>  |  |  |
| (b)                         | John W. Roberts   |   |  | 7 JAN 1.7  |  |  |
| ` /                         | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   |  | - 11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15  |  |  |
|                             | Law Offices of John W. Roberts, PLLC.  NEW Registered Office Address:  12273 US Highway 98, West, Suite 204   |   |  |  |  |  |
|                             |   |   |  |  |  |  |
|                             |   |   |  |  |  |  |
|                             | Miramar Beach , FL  | 32550                                     | )  | _  |  |  |
| the cha<br>agent was/w      | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | the regability of the linited             | istered offic<br>company, it i<br>mited liabilit             | e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.   |  |  |
|                             | ture of a member or authorized representative of a member   |   |  | Printed or typed name of signee  |  |  |
| provis<br>the ob-<br>to mer | by accept the appointment as registered agent and agr<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a changefin the registered office address, I i<br>d in writing of this change.                              | ee to ac<br>perfori<br>I for in<br>hereby | ct in this cap<br>nance of my<br>Chapter 60.<br>confirm that | pacity. I further agree to comply with the<br>duties, and I am familiar with and accept<br>5, F.S. Or, if this document is being filed<br>the limited liability company has been |  |  |
| Signati                     | ire of Registered Agent   |   |  |  |  |  |