## L13000083888

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Add                                    | dress)            |             |  |  |
| (Add                                    | dress)            |             |  |  |
| (City/State/Zip/Phone #)                |                   |             |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bus                                    | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |
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Office Use Only



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SECRETARY OF STATE

AUG 1 6 2013

D. BRUCE

## **COVER LETTER**

| •   | <b>TO:</b> Registration Section Division of Corporations   |   |                         |  |  |  |
|---|--|---|-------------------------|--|--|--|
|   | SUBJECT: JDA Ventures LLC  Name of Limited Liability Company   |   |                         |  |  |  |
|   | Dear Sir or Madam:   |   |                         |  |  |  |
|   | or filing.   |   |                         |  |  |  |
|   | he enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following: |   |                         |  |  |  |
|   |  | P   |                         |  |  |  |
|   | David R Miles  |   |                         |  |  |  |
| Name of Person  |  |   |                         |  |  |  |
|   | JDA Ventures LLC   | •   | To E                    |  |  |  |
|   | Firm/Company   | <del></del>                                       | MANG 15                 |  |  |  |
|   | 2118 Del Prado Blvd  |   | TARY<br>MYSSE           |  |  |  |
|   | Address  |   | PR PR                   |  |  |  |
|   | Cape Coral, FL. 33990  |   | 4: 56<br>STATE<br>LORID |  |  |  |
|   | City/State and Zip Code  | <del>, , , , , , , , , , , , , , , , , , , </del> | D.W.                    |  |  |  |
| davonator17@yahoo.com  E-mail address: (to be used for future annual report notification) |  |   |                         |  |  |  |
|   |  |   |                         | For further information concerning this matter, please call: |  |  |
|   | David R Miles  | at (501 ) 580-4833                                |                         |  |  |  |
| Name of Person A  |  | Area Code & Daytime Telephone                     | Number                  |  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section   | MAILING ADDRESS: Registration Section             |                         |  |  |  |
|   | Division of Corporations   | Division of Corporations                          |                         |  |  |  |
|   | Clifton Building   | P.O. Box 6327                                     |                         |  |  |  |
|   | 2661 Executive Center Circle<br>Tallahassee, Florida 32301   | Tallahassee, Florida 32314                        |                         |  |  |  |

□ \$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 608.416 or 608. liability company submits the following statement in orangent, or both, in the State of Florida.   | 508, Florida Statutes, the<br>ler to change its registere  | e undersigned limited<br>ad office or registered  |  |  |  |
|---|--|---|--|--|--|
| 1. Name of the limited liability company: JDA Ventures LLC  |  | <del>,</del>  |  |  |  |
| 2. (a) Principal office address of limited liability compar   | NV: JDA Ventures LLC   |   |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | 133 NW 33RD Avenue   |   |  |  |  |
| (NOSCI MOST BESTREET TESTICOS)  | Cape Coral, FL. 33993  |   |  |  |  |
|   |  |   |  |  |  |
| (b) Mailing address of limited liability company:   | JDA Ventures LLC   |   |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | 133 NW 33RD Avenue   |   |  |  |  |
|   | Cape Corat, FL. 3399   |   |  |  |  |
| June 10, 2013   | L13000083888   |   |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |   |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on Registered Agent:  | the records of the Florida   | Dept. of State:   |  |  |  |
| Registered Agent.   |  | r:1 N3  |  |  |  |
| Registered Office Address:  | Kathy Lucas  |   |  |  |  |
| · ·   | 133 NW 33RD Avenue   |   |  |  |  |
|   | Cape Coral, FL. 33993  | <u> </u>  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address   |  |   |  |  |  |
| NEW Registered Agent:   | David R Miles  | Es : C  |  |  |  |
| NEW Registered Office Address:  | JDA Ventures LLC   | 20 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ±  |  |  |  |
| (MUST BE FLORIDA STREET ADDRESS)  | 2118 Del Prado Blvd  |   |  |  |  |
|   | Cape Coral   | ,FL 33990   |  |  |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | Florida street address of thatical. Or, in the case of a s) was/were authorized by   | ne registered office Florida limited an affirmative vote of   |  |  |  |
| DAVID R MILES Printed or typed name of signee   | <del></del>  |   |  |  |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company Signature of Registered Agent   | agree to act in this capaci<br>roper and complete perfor<br>position as registered agen<br>perely reflect a change in t<br>ny has been notified in wri | ity. I further agree to<br>rmance of my duties,<br>it as provided for in<br>he registered office<br>iting of this change. |  |  |  |
| Division of Corporations, P.O. Box 6  | 5327, Tallahassee, FL 323  | 314   |  |  |  |

FILING FEE: \$25.00

INHS18 (05/08)