1950000000733

	(Requestor's Name)	
•	(Address)	
	(Address)	
	(Addiess)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
	A. LUNT	
	SEP -9 2009	
EXAMINER		

Office Use Only



200160277972

09/08/09--01013--009 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

TILED

COVER LETTER

TO: Registration Section Division of Corporations	
	J.K.C. Wen, L.C. Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Sam W. Chawkin	
Name of Person	
J.K.C. Wen, L.C.	20 TAL
Firm/Company	ECRE
700 Park Regency Place NE, Suit	SECRETARY OF ALLAHASSEE, F
Atlanta, GA 30326 City/State and Zip Code	PM 3: 59 FEE. FLORIDA
samchawk@comcast.net E-mail address: (to be used for future annual report n	notification)
For further information concerning this matt	er, please call:
Sam W. Chawkin Name of Person	at (404) 261-2164 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	ng 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 608.508, 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.

Name of the limited liability company:	J.K.C. Wen, L.C.	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: <u>3776 Cou</u> <u>Wildwood, fl</u>	unty Road 507 1 34785
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
September 22, 1995	L9500000	0733
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State:
Registered Agent:	John J. Casey	2009 TALL
Registered Office Address:	2020 S.W. 42nd Place Ocala, FL 34471	SEP -8
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addr	
NEW Registered Agent:	Richard Henry Yates	ORIDE S
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3776 County Road 507	
(MUSI BE FLURIDA SIREET ADDRESS)	Wildwood	,FL_ <u>34785</u>
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 of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the tical. Or, in the case of a F is was/were authorized by a rwise provided in the article	registered office lorida limited in affirmative vote
Sam W. Chawkin, Managing Member 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 particle to the provision of the pr	agree to act in this capacity oper and complete perform osition as registered agent i erely reflect a change in the sy has been notified in writi	e. I further agree to nance of my duties, as provided for in registered office ng of this change.

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