## -L9800000 1572

ATTO CORPORATE	AND CASSEL PRNEYS AT LAW CENTRE AT BOCA RATON SUITE 300 7 GLADES ROAD ON, FLORIDA 33434		00000 -10/1 ***	2655460 )5/9801065007 **35.00 *****35.0
City/State	Zip Phone # *		Office Use	Only
CORPORATION	NAME(S) & DOCUM	ENT NUMBER(	S), (if known):	
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NEW FILINGS	AMENDMENT:	S		
Profit	Amendment	The second secon		
NonProfit	Resignation of R.A.,	Officer/Director	. ا	
Limited Liability	Change of Registered		L98	15/12
Domestication	Dissolution/Withdraw	val	Name	8 0 1/2 Cl
Other	Merger		Availabil	10-1
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OTHER FILINGS	REGISTRAT	ION/	Updater	
Annual Report	QUALIFICAT	TION	Updater	
Fictitious Name	Foreign		Verifyer	
Name Reservation	Limited Partnership		Acknow'	At .
	Reinstatement		W. P. V.	e iffer
	Trademark			-
	Other			

Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

	ns of sections 608.416 or 6 zed under the laws of the St	TTT 1 2	, the undersigned limited		
submits the following sta	tement in order to change i	its registered office or reg	sistered agent, or both, in		
the State of Florida.	(PLEASE	·			
1a. The name of the limite	ed liability company is:	JMHS Associates, L.	L.C.		
1b. The mailing address o	f the limited liability compar	ny is: 6511 Via Ros	sa, Boca Raton,		
1c. Date of filing/registrat	tion in Florida: 8/24/98	Document number:	L98000001572		
	of the current registered age				
	Schultz Development	Corp.	141 141 141 141 141 141 141 141 141 141		
6511 Via Rosa			FI OCT - AHAS		
Boca Raton, Florida 33433					
3. The name and address	of the new registered agent	and office: (P.O. BOX NO			
Schultz Development Inc.					
	6511 Via Rosa		·		
	Boca Raton, Florida				
of the registered agent will Such change was authoric company or as provided in	zed by affirmative vote of the articles of organization horized representative of a member)	a majority of the members or the regulations of the l	ers of the limited liability		
capacity. I further agree complete performance of as registered agent.  (Signature of Registere Stanley Schulitz, Pres	egistered agent and to accept the appointment to comply with the proving duties, and I am familial Agent)	int as registered agent a visions of all statutes reliar with and accept the of ar with and accept the of lopment, Inc.	and agree to act in this lative to the proper and bligations of my position  (Date)		
Division	n of Corporations, P.O. Bo FILING	ox 6327, Tallahassee, FL G FEE: \$35.00	32314		