mo200001686

(Requestor's Name)
Jasmine Partners LLC 3130 Jasmine Drive Delray Beach, FL 33483
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000030463230

03/17/04--01049--006 **25.00

(ML)

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

Pursuant to the provisions of liability company submits the f	sections 608.416	or 608.508	, Florida Sta to change its	tutes, the	Ender office	igred or res	inited
liability company submits the fagent, or both, in the State of F	lorida.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1. The name of the limited liab	ility company is:		Partners LLC				3: 22
2. The mailing address of the li	mited liability cor	mpany is:	1910 Lilac R	idge Div	RETAR HASS	Y OF	STATE
Woodstock, GA 30189							
06/20/2002	M0200000162						
3. Date of filing/registration in	Florida		4. Document	t number			
5. The name of the registered as Florida Department of State:	gent and the regist	tered office	address as sho	own on the	records	s of the	e
211	6 East Atlantic E	Name 3lvd.					
Pon	npano Beach, Fl						
	City,	State and Zi	p				
6. The name and address of the	new registered ag	gent and/or o	ffice:				
Willi	iam D. Brown						
Name 3130 Jasmine Drive							
Flor	rida street address	(P.O. Box I	NOT acceptal	ole)			
Delr	ay Beach,	FL 3348	3				
	City, St	tate and Zip					
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby of the members of the limited liabilithe operating agreement of the limited liability.	or changes are magistered agent will onfirmed that the ility company or a imited liability co	ade, the Flor Il be identica change(s) was otherwise ompany.	ida street add d. Or, in the cas/were author	ress of the case of a H orized by a	registe lorida l m affirm	red of imited native	l vote of
(Signature of a 'member or authorized rep	resentative of a member	π)					
Arlene A. Brown (Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·						
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptable to 8, F.S. Or, if this do address, I hereby confirm that to (Signature of Registered Agent)	it as registered ag Il statutes relative opt the obligations cument is being fi he limited liability	gent and agr to the prop s of my posit lied to mere y company h	ee to act in the er and compl ion as registe ly reflect a ch ias been notifi	is capacit ete perfori red agent ange in th ied in writ	v. I furt nance o as prov e regist ing of th	ther as f my a rided f ered o his cha	gree to luties, or in ffice inge.

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314