N 0300000838

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	₩ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

B. KOHR

AUG 1 0 2011

EXAMINER



600210877746



RPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

4372680

AUTHORIZATION

COST LIMIT

ORDER DATE: August 9, 2011

ORDER TIME: 2:49 PM

ORDER NO. : 874098-015

CUSTOMER NO: 4372680

CHANGE OF AGENT

NAME:

JMDH REAL ESTATE OF POMPANO

BEACH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section				<i>?</i>
Division of Corporations				· ·
SUBJECT: JMDH Real E	etate c	of Do	ากระบา	o Boach II C
SUBJECT: JMDH Real E: Name of L				
Augus of E		314011	iny con	, pany
Dear Sir or Madam:				
The analoged Desistand Acout/Desistand O	VC CI			(a) and authorities I fair Ellins
The enclosed Registered Agent/Registered O	THE CH	ange	and ree	(s) are submitted for thing.
Please return all correspondence concerning	this mat	ter to	the follo	owing:
•				•
Brian E. Emmert				
Name of Person				
do JRD Real Estate, LLC				
Firm/Company				
15-24 132nd Street				
Address			_	
				•
College Point, NY 11356				
City/State and Zip Code				
bemmert@jetrord.com E-mail address: (to be used for future annual report notification)				
2 man doctess, the be used for stitute almost report no	orneanon)			
For further information concerning this matte	er, please	call:		
Brian E. Emmert	at (7	718)	762-8700
Name of Person	- (•	Area Code	& Daytime Telephone Number
STREET/COURIER ADDRESS:		ΜÁ	ILING A	ADDRESS:
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	•			
Enclosed is a check for the following	g amoun	ıt:		
\$25 Filing Fee			5 Filing	Fee & Certified Copy
		. ۳۷۰		- 11 30 commed copy
INHS18 (5/08)				

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.

1. Name of the limited liability company:	eal Estate of Pompana Roach IIIC		
2. (a) Principal office address of limited liability compan			
2. (a) Transpartation and ess of manifering compan	y,		
(Note: MUST BE STREET ADDRESS)	Pompano Beach, EL 33064		
(b) Mailing address of limited liability company:	15-24 132nd Street		
(Note: MAY BE POST OFFICE BOX)	College Point, NY 11356		
3/13/2003	Mozannoonan		
3. Date of filing/registration in Florida	M03000000838 4. Document number		
3. Date of Bungregistration in Profile	4. Document hunder		
5. (a) Registered Agent and Registered Office shown on	the records of the Plorida Dept, of State:		
Registered Agent:	Michael Sax		
Registered Office Address:	2041 NW 12th Avenue		
•	Mlami, FL 33127		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	Registered Agents Legal Services, LLC		
NEW Registered Office Address:	155 Office Plaza Drive		
(MUST BE FLORIDA STREET ADDRESS)	Suite A		
	Tallahassee ,FL32301		
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 identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company The operating agreement of the limited liability company Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was were authorized by an affirmative vote wise provided in the articles of organization		
' //	•		
Brian E. Emmert, OFO of Member Printed or typed name of signee	_		
I hereby accept the appointment as registered ugent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pochapter 608, F.S. Or, it his document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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

INHS18 (05/08)