M05000002573

(Requestor's Name)						
(Address)						
(Address)						
. (City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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04/11/11--01030--002 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 1 2 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUB.	****		no Properties, LLC				
	Name o	of Limited	l Liabi	ility Comp	any		
Dear	Sir or Madam:						
The e	enclosed Registered Agent/Registered	d Office (Chang	e and fee(s) are submitted for filir	ıg.	
Pleas	e return all correspondence concerni	ng this m	atter to	o the follov	ving:		
	Kimberly Redash						
	Name of Person						
	Juno Partners						
	Firm/Company						
	11601 Kew Gardens Ave.,	#101					
	Address	_					
	Palm Beach Gardens, FL 3	33410					
	City/State and Zip Code	30110		 -			
E	kim@bcdevco.com E-mail address; (to be used for future annual repo	ort notificatio	on)	_			
For fi	urther information concerning this m	atter, plea	ise cal	11:			
	Kimberly Redash	at (561)	630-5116		
	Name of Person			Area Code &	Daytime Telephone Number		
	STREET/COURIER ADDRESS:		M.	AILING A	DDRESS:		
	Registration Section		Re	gistration S	ection		
	Division of Corporations			vision of Co			
	Clifton Building			O. Box 632			
	2661 Executive Center Circle		Ta	llahassee, F	lorida 32314		
	Tallahassee, Florida 32301						
	Enclosed is a check for the follow	ving amo	unt:				
	 √ \$25 Filing Fee		□ \$	55 Filing F	ee & 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:	Juno Properties ,					
2. (a) Principal office address of limited liability compa	Principal office address of limited liability company:					
(Note: MUST BE STREET ADDRESS)	11601 Kew Gardens Ave., #101 Palm Beach Gardens, FL 33410					
(b) Mailing address of limited liability company:	Same as above					
(Note: MAY BE POST OFFICE BOX)						
5/16/2005	M05000002573					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown o	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	CORPORATION SERVICE COMPANY					
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301-2525					
	LE, SHAW & PFAFFENBERGER, P.A.					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	660 US Hwy., 3rd floor					
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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Ira C. Fenton Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a address I hereby confirm that the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative value entities provided in the articles of organization my. I agree to act in this capacity. I further agree to proper and complete performance of my dutter provided for in merely reflect a change in the registered office any has been notified in writing of this change.					
Signature of Registered Agent	ω					

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