M06000000282

•				
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Corporate direct/

Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-824-0300 - Main 775-824-0105 - FAX 775-284-7168 - Mike Martin Direct

December 14, 2007

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

JNT Holdings, LLC

Dear Clerk:

Enclosed please find two original copies of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your kind attention to this matter, should you have any questions concerning this application please do not hesitate to contact me.

Best Regards,

Mike Martin

Account Representative

:mm

Enclosures

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

Pursuant to the provision is a submit to the provision is a submit to the State agent, or both, in the State is a submit to the submit to the submit to the provision is a su	ns of sections 608.416 s the following statemer te of Florida.	or o nt in	08.508, Florida Statute order to change its regi	s, the undersigned umited istered office or registered
1. The name of the limite	ed liability company is:	JNT	Holdings, LLC	
2. The mailing address o	f the limited liability cor	mpan	y is :	
60 East Simpson Avenue,	Jackson, WY 83001			
01/12/2006			M06000000282	
3. Date of filing/registration in Florida 4.		4. Document nur	mber	
5. The name of the register Florida Department of		ered	office address as shown	on the records of the
•	Paracorp Incorporat	ed		_
		Nam	e	
236 East 6th Avenue				
		Addre	ess .	
Tallahassee, FL 32203 City, State and Zip				
	City, s	State	and Zip	
6. The name and address	of the new registered ag	ent a	nd/or office:	
	Gerri Detweiler			
Name				
	1037 Greystone Lane			
Florida street address (P.O. Box NOT acceptable)				
	Sarasota	FL		<u></u>
	City, St	ate a	nd Zip	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are man the registered agent will breby confirmed that the mited liability company on the limited liability	ade, t il be chan or as com	he Florida street address dentical. Or, in the case ge(s) was/were authorize otherwise provided in the	of the registered office of a Florida limited ed by an affirmative vote
Mike Martin				
(Printed or typed name of signee))			
Q_{-}	intment as registered ag is of all statutes relative d accept the obligations this document is being fi that the limited liability	tent a to the of m iled to com	nd agree to act in this co e proper and complete p cy position as registered o merely reflect a chang pany has been notified i	apacity. I further agree to verformance of my duties, agent as provided for in e in the registered office n writing of this change.
Zeni Vetweiler	<u>~</u>			

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