## MO60UUUUUY09

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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B. KOHR

AUG 1 0 2011

**EXAMINER** 



000210877700

RECEIVED





ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: August 9, 2011

ORDER TIME : 2:53 PM

ORDER NO. : 874098-035

CUSTOMER NO: 4372680

## CHANGE OF AGENT

NAME:

JMDH REAL ESTATE OF FLORIDA,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

## COVER LETTER

10.	Division of Corporations			
SUBJ	JBJECT: JMDH Real Estate of Florida, LLC			
Name of Limited Liability Company				
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concernin	g this matter to the following:		
	Brian E. Emmert Name of Person			
	c/o JRD Real Estate, LL0	2		
	Firm/Company			
	15-24 132nd Street			
	Address			
	College Point, NY 11356	3		
	City/State and Zip Code			
F-1	bernmert@jetrord.com mail address: (to be used for future annual report	notification)		
For fu	rther information concerning this ma	tter, please call:		
	Brian E. Emmert	at ( 718 ) 762-8700		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING 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	ing amount:		
[	\$25 Filing Fee	\$55 Filing Fee & Certified 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:	JMDH Real Estate of Florida, LLC			
2. (a) Principal office address of limited liability	company: 15-24 132nd Street			
(Note: MUST BE STREET ADDRESS)	College Point, NY 11358.			
(b) Mailing address of limited liability compa	ny: 15-24 132nd Street			
(Note: MAY BE POST OFFICE BOX)	College Point, NY 11356			
1/25/2008	M0600000409			
3. Date of filing/registration in Plorida	4. Document number			
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 Miami, FL 33127			
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent;	d/or NEW Registered Office address:  Registered Agents Legal Services, LLC			
NEW Registered Office Address:	155 Office Plaza Drive			
MUST BE FLORIDA STREET ADDRE	SS) Suite A Tallahassee ,FL32301			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the impited liability company.  Signature of a member or authorized representative of a member				
Brian E. Emmed, CFO of Member				
	ent and agree to gct in this capacity. I further agree to to the proper and complete performance of my duties, of my no sition as registered agent as provided for in ed to merely reflect a change in the registered office company 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)