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EXAMINER

DIVISION OF CORPORATIONS

10 JAN 21 AMIL: 11

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB	JECT:	JMB, LLC	
	Name of	Limited Liability Company	6
Dear	Sir or Madam:		10 至2
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	7
Pleas	e return all correspondence concernin	g this matter to the following:	
	Justin Counts		
	Name of Person		
	JMB, LLC		
	Firm/Company		
	1004 Collier Center Way 2	06	
	Address		
	Naples, FL 34110		
	City/State and Zip Code		
E	Taberht@aol.com E-mail address: (to be used for future annual report	notification)	
For fi	urther information concerning this ma	tter, please call:	•
	Gina Merolla	at (239) 593-5533	
	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 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	ing amount:	
	\$25 Filing Fee	\$55 Filing Fee & 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.

1. Name of the limited liability company:	Wind River Petroleum, LLC	
2. (a) Principal office address of limited liability compa	any: 1004 Collier Center Way #206	
(Note: MUST BE STREET ADDRESS)	Naples FL 34110	
(b) Mailing address of limited liability company:	JAN ORD	
(Note: MAY BE POST OFFICE BOX)	1004 Collier Center Way #206 Naples. FL 34110	
06/16/2008	M0800002822	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	CLAS[P, Inc	
Registered Office Address:	3001 Tamiami Trail North Suite 400 Naples, FL 34110	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	Taber Taglisacchi	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1004 Collier Center Way #206	
	Naples ,FL34110	
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 ofto or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne laws of the State of Florida, it is hereby be Florida street address of the registered office entical. Or, in the case of a Florida limited be(s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.	
Richard A. Counts	•	
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 Chapten 608, F.S. 40r, if this document is being filed to address, I hereby confirm that the limited liability company	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	
Signature of Registered Agent	(205 TO 11) DI 2024	
¹ Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)