Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H02000043628 5)))

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Account Name : BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.

Account Number : I20000000117 Phone

: (352)732-7218

Fax Number

: (352)732-0017

REGISTERED AGENT CHANGE

J,V,B & T ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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(H2000043628 5)

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

Pursuant to the provisions of liability company submits the agent, or both, in the State of	oj sections 608.416 e following statemer Florida.	ar 608.30 nt in order	to change	stanties, the its registered	office or regist	tered
1. The name of the limited li	ability company is:	J,V,B	& T ENTI	ERPRISES,	LLC.	 ·
2. The mailing address of the	s limited liability cor	npany is :	4271 W	. Highway	40	.
Ocala, Florida 34	482.					
02/03/1997			M97000	0000044		
3. Date of filing/registration	in Florida		4. Docum	ent number		LLAH
5. The name of the registered Florida Department of Sta	l agent and the regist te:	ered office	address as s	hown on the		HASSE
	George DeBe	enedict	, Sr.		FEB	111
		Name	• •		2	
	4271 W. HIg		D		ហ	
		Address		-		FLORIDA
	Ocala, Flor		482			⊃ Dr
	City,	State and 2	ip	<u> </u>		
6. The name and address of t	he new registered ag	ent and/or	office:			
	Dock A. Bla	nchard	, Esquir	<u> </u>		
	_	Vame				-
	4 S.E. Broa			: -		
F	Torida street address	(P.O. Box	NOT accep	table)		
	Ocala,	FL .3		2.40		
	City, St	tate and Zi	Р .			
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb the members of the limited li- the aperating agreement of the	ige or changes are ma e registered agent wil y confirmed that the liability company or a	ade, the FI Il be identi change(s) is otherwis	onda street a cal. Or, in the was/were an	daress of the he case of a F thorized by a	registered offic Torida limited n affirmative vo	te of
Signature of a prepater or authorized	representative of a member	г)	-			
K.K. Jayaraman						
(Printed or typed name of signee) I hereby accept the appoints comply with the provisions of and I am familiar with and I chapter 608. F.S. Or, if this address, I hereby confirm the	nent as registered as fall statutes relative tocept the obligation to document is being fat the limited liabilit	gent and as to the pro s of my po- iled to men y company	gree to act in per and con lition as reg rely reflect a has been no	this capacity plete perforn stered agent change in th stifted in writ	v. I further agre nance of my dut as provided for e registered offi ing of this chan	e to ies, in ce ge.
(Signature of Registered Agent)	•		= .=			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,					
George DeBenedicty, Sr. (Name of Registered Agent)	, hereby resigns as				
(14mm of resignated Useus)					
Registered Agent for J, V, B & T ENTERPRISES, LLC					
(Name of Limited Liability Company)					
A copy of this resignation was mailed to the above listed limited liabi	lity company at its last known address.				
The agency is terminated and the office discontinued on the 31st day is filed. (Signature of resigning agent)	after the date on which this statement O SEE				
If signing on behalf of an entity:	FILEI ETARY C HASSEE 02 FEB				
(Typed or printed name)	7, FLOS				
(Capacity)	AIE N				

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
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