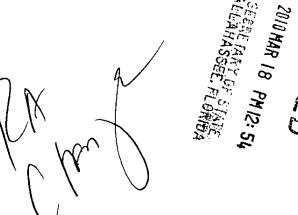
(Requestor's Name)			
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### **COVER LETTER**

	mendment Section vision of Corporations					
SUBJECT: JUST RY VENTURE, INC.  Name of Corporation						
DOCUMENT NUMBER: P99000073609						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
SCOTT E. GORDON, ESQ.  Name of Contact Person						
Name of Contact Person						
LUTZ, BOBO, TELFAIR, EASTMAN, GABEL & LEE Firm/Company						
	T mile Ox	ompuny				
	2 N. TAMIAMI TI	RAIL, SUITE 500				
	Add					
	SARASOTA, F	L 34236-5575				
	City/State and	id Zip Code				
	SGORDON@LU	TZBOBO.COM				
	E-mail address: (to be used for f	uture annual report notification)				
For further	information concerning this matter, please of	call:				
	SCOTT E. GORDON, ESQ.	941 \ 951 1800				
	Name of Contact Person	at ( 941 ) 951-1800 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## LUTZ, BOBO, TELFAIR, EASTMAN, GABEL & LEE

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ROGER P. CONLEY, OF COUNSEL

2401 MANATEE AVENUE W.

BRADENTON, FLORIDA 34205

PLEASE REPLY TO: SARASOTA

March 16, 2010

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

Re:

Sun City golf Carts, Inc; Document #P05000041486 Just Ry Venture, Inc.; Document #P99000073609

### Dear Sir or Madam:

In connection with the above two corporations, I enclose State of Change of Registered Office or Registered Agent along with checks for \$35.00 filing fee for each.

Please process these changes at your earliest opportunity. Should you have any questions, please do not hesitate to contact us.

Sincerely,

Lutz, Bobo, Telfair, Eastman, Gabel & Lee

By:

Kathleen A. Sawdo, CP, FRP

Certified Paralegal

KAS:Klawans\_DivCorp\_ltr Enclosures

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a co	orporation organized	507.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	te of FLORIDA
1. The name of	the corporation: JUST	RY VENTUR	E, INC.	
	office address: <u>8019 F</u> FON, FL 34236		LE CIR	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	08/18/1999	Document number:	P99000073609
	d street address of the current of State: (If resign		t and registered office on f	ile with the
	RESIGNED			
				2010 MAR 18
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or registere	ed office H. C. PH D.
	SCOTT E. GORDO	DN, ESQ.		—
	2 N. TAMIAMI TRAIL, SUITE 500  P.O. Box NOT acceptable			
	SARASOTA, FL 34		ершоге	
	ess of its registered offic be identical.	e and the street add	ress of the business office vits board of directors or led in writing of the chang	
authorized by th		tion has been notifie	ed in writing of the chang	e.
JSG ~ Signatur	re of an officer or director	· _	BARRY KLAWAI	NS, President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the provi d I am familiar with and ng filed merely to reflec s been notified in writing	istered agent and a isions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacit relative to the proper an ion of my position as regi gistered office address, I	
XXXX	31		3-10-1	O
Sign	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	OTT E. GORDON yped or Printed Name	<u></u>		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*