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JEROME J. ROACH PUBLIC ACCOUNTY 12445 GUILFORD W WELLINGTON, FL 3	/AΥ			700052	96523	37
(City/State/Zip/Phone #)	<u> </u>	_	:			
PICK-UP WAIT	MAIL					
(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·			08/15/05	U11)43UÜ6	**Z5.UU
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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. The name of the limite	d liability company is:	JO & KE	VIN ENTERPRIS	SE, LLC			
2. The mailing address of the limited liability company is: 12445 GUILFORD WAY							
WELLINGTON, FLORI							
AUG. 10, 2005			PENDING		<u></u> .		
3. Date of filing/registration in Florida		1	4. Document nu	mber			
5. The name of the registe Florida Department of	red agent and the regis	•	•	on the records	of the		
	166 CYPRESS PO	Name INT DR		ALLAHE SECRETE			
	WEST PALM BEAC	Address CH, FL 334 State and Z		SE -5			
6. The name and address of the new registered agent and/or office:							
City, State and Zip 6. The name and address of the new registered agent and/or office: JEROME J. ROACH							
	12445 GUILFORD	Vame WAY		- P			
	Florida street address	s (P.O. Box	NOT acceptable)		•		
	WELLINGTON,	_{FL} 3341	4				
	City, S	tate and Zip)	* • ·			
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited liability company and li	nange or changes are methe registered agent with the confirmed that the diability company or a fethe limited liability confirmed the limited liability confirmed the limited liability confirmed liability liability confirmed liability liability confirmed liability lia	ade, the Flourist addention of the control of the c	rida street address	of the register	red office		
KEVIN KERN							
(Printed or typed name of signee)							
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.							
(Signature of Registered Agent)							

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

INHS18(10/99)

FILING FEE: \$25.00