**CT** CORPORATION

CORPORATION(S) NAME

## M00000000845

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DJONT/CMB Orsouth Leasin	g, L.L.C.				
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( ) Profit ( ) Nonprofit	() Amendment	() Merger			
() Foreign 2	() Dissolution/Withdrawal	() Mark			A
	() Reinstatement				
() Limited Partnership	() Annual Report	() Other			
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 \$10,802

## 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 limited liability company is:DJONT/Cl	MB Orsouth Leasing, L.L.C.	• .
2. The mailing address of the limited liability company is : $ \\$	545 E. John Carpenter Freeway, Suite	: 1300
	Irving, Texas 750692	•
April 28, 2000	M00000000845	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on the records	of the
Corporation Service Com	npany	. ·
Name	<u> </u>	, se 8
1201 Hays Street		
Address	2	APP APP
Tallahassee, FL 32		ASS 28 FASS
City, State and Z	ip	PH ED
6. The name and address of the new registered agent and/or	office:	F. STAT
C T Corporation System		25 to
Name		P
1200 South Pine Island Road		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Florida street address (P.O. Box	NOT acceptable)	
Plantation FL 33324		
City, State and Zip	1	
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) with members of the limited liability company or as otherwise the operating agreement of the limited liability company.	rida street address of the register al. Or, in the case of a Florida li vas/were authorized by an affirm:	ed office mited ative vote of
	The second secon	
(Signature of a member or authorized representative of a member)	1 · · · · · · · · · · · · · · · · · · ·	·
Michael Jones, Attorney in Fact (Printed or typed name of signee)	entropy and the second	
I hereby accept the appointment as registered agent and agrountly with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company of CT Corporation System	ver and complete performance of tion as registered agent as provide	my duties,
(Signature of Registere d Agent)	er <del>ve en</del> e	·
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)