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NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, New York 10001

Telephone: (212) 356-8340

Internet Address: gerri@newcocorporate.com

2005 JAN LO A IC 43
Fax: (212) 356-8375 O A IC 43
TALLAHASSEE, FLOTUDA

January 6, 2006

Secretary of State of Florida

RE: Jardine Lloyd Thompson LLC Change of Agent -

Dear Sir/Madam:

Enclosed please find Certificate of Change of Registered Office/Registered Agent on behalf of the above entity.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincgrely

Gerri Mirando Senior Specialist

Encls.

CHECK # 5 199

Amount \$

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

liability company submits to agent, or both, in the State of	he following statemen of Florida.	or 608.508, Florida Statutes t in order to change its regis	stered office ör registered	
1. The name of the limited	liability company is:	JARDINE LLOYD THOMPSON?	EEC/AN 10 A 10: 43	
2. The mailing address of the	ne limited liability con	ipany is: 5847 SAN FELIPE; #	ECRETARY OF STATE	
HOUSTON, TX 77057				
12/29/2003		M0400000049	•	
3. Date of filing/registration	in Florida	4. Document num	ıber	
5. The name of the registere Florida Department of Sta		ered office address as shown o	n the records of the	
C	T Corporation System			
		Name	4	
<u>1</u>	200 South Pine Island F	Road		
_	A	ddress	A 1, 1,	
<u>P</u>	lantation, FL 33324			
	City, S	tate and Zip	, ,	
6. The name and address of	the new registered age	ent and/or office:		
National Registered Agents, Inc.				
_		ame	· pho · ·	
27	2731 Executive Park Drive, Suite 4			
]	Florida street address (P.O. Box NOT acceptable)	Service Control of the Control of th	
<u>w</u>	/eston	FL 33331		
	City, Sta	te and Zip		
confirmed that after the char and the business office of the liability company, it is hereb	nge or changes are made registered agent will by confirmed that the clability company or as the limited liability cor	_	of the registered office of a Florida limited I by an affirmative vote of	
9				
Jay Scarborough (Printed or typed name of signee)		- 	<u>S.</u>	
	ment as registered age of all statutes relative to accept the obligations of document is being fil at the limited liability of the limited liability	ont and agree to act in this cap to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent) Geraldine Mirando. Division	of Corporations, P.O.	. Box 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)