## M06000003398

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| ON SERVICE COMPANY               |           |              |            |         | 4 0                                    |  |  |
|----------------------------------|-----------|--------------|------------|---------|--|--|--|
| ACCO                             | UNT NO.   | :            | 07210000   | 0032    | SECT<br>SECT                           |  |  |
| RE                               | FERENCE   | :            | 830866     | 7497527 | 10000000000000000000000000000000000000 |  |  |
| AUTHOR                           | IZATION   | :            | Land       | X po    | SSEE                                   |  |  |
| cos                              | T LIMIT   | :            | \$ 27 00   | al mar  | F ST FLO                               |  |  |
| ORDER DATE : April 1,            | 2007      |              |            |         | RICH                                   |  |  |
| ORDER TIME : 9:53 AM             |           |              |            |         |  |  |  |
| ORDER NO. : 830866-1             | 65        |              |            |         |  |  |  |
| CUSTOMER NO: 74975               | 27        |              |            |         |  |  |  |
|                                  |           | - <b>-</b> - |            |         |  |  |  |
| CHANGE OF AGENT                  |           |              |            |         |  |  |  |
| NAME: JER/JAMESON PROPERTIES LLC |           |              |            |         |  |  |  |
| PLEASE RETURN THE FOLLS          | OWING AS  | PRO          | OOF OF FII | LING:   |  |  |  |
| XX PLAIN STAMPED                 | COPY      |              |            |         |  |  |  |
| CONTACT PERSON: Carina           | a L. Dunl | .ap          |            |         |  |  |  |
|                                  | EXA       | MIN          | ER'S INIT  | TIALS:  |  |  |  |

## 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:  | JER/JAMES  | ON PROPERTIES LLC  | 700  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| 2. The mailing address of  |  |  |  | EG P   |  |  |  |  |
| 4770 S. Atlanta Road, Suite 20   | -  | . , _  |  | HASA W   |  |  |  |  |
| June 16, 2006  |  |  | M06000003398   | SEE  |  |  |  |  |
| 3. Date of filing/registrati   | on in Florida  |  | 4. Document number   | STI O  |  |  |  |  |
| 5. The name of the registe Florida Department of S   |  | tered office a   | address as shown on the  | e records of the   |  |  |  |  |
|  | NRA  | I Services, Inc.   |  |  |  |  |  |  |
|  |  | Name   |  |  |  |  |  |  |
|  | 2731 Execut  | tive Park Drive, S   | Suite 4  |  |  |  |  |  |
|  |  | Address  |  |  |  |  |  |  |
| Weston, FL 33331   |  |  |  |  |  |  |  |  |
|  | City,  | State and Zip  | )  |  |  |  |  |  |
| 6. The name and address of   | of the new registered ag   | gent and/or o  | ffice:   |  |  |  |  |  |
|  | Corporation  | n Service Comp   | pany   |  |  |  |  |  |
| Name<br>1201 Hays Street   |  |  |  |  |  |  |  |  |
| Florida street address (P.O. Box NOT acceptable)   |  |  |  |  |  |  |  |  |
|  | Tallahassee  | FL   | 32301  | <del></del>  |  |  |  |  |
|  | City, St   | tate and Zip   |  | •  |  |  |  |  |
| If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement (Signature of a member or authority) | tange or changes are mathe registered agent will be confirmed that the little liability company to f the limited liability | ade, the Flor II be identica change(s) wor as otherwork company. | ida street address of the l. Or, in the case of a las/were authorized by   | e registered office<br>Florida limited<br>an affirmative vote  |  |  |  |  |
| Maureen Cullen, Attorney In F  | act  |  |  |  |  |  |  |  |
| (Printed or typed name of signee)  |  |  |  |  |  |  |  |  |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm   | Relland  | m-   | ee to act in this capacit<br>ir and complete perfori<br>on as registered agent<br>y reflect a change in th<br>as been notified in writ | y. I further agree to<br>nance of my duties,<br>as provided for in<br>e registered office<br>ing of this change. |  |  |  |  |
| (Signature of Registered Agent) Michelle R. Vannoy, Asst. Vice resident  |  |  |  |  |  |  |  |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00