## CT CORPORATION NO. 1000 NO. 10

CORPORATION(S) NAME	11100		
DJONT Operations, L.L.C., L.C.		-	_
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() Profit & VIII	() Amendment	-02/28/02 01006 -02 *****25,00 *****25 () Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership	() Annual Report	() Other	
(ATT SEE	() Name Registration () Fictitious Name	(X) Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	-
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	2:
() Mail Out		28 28 ARY	
Name	2/28/02	Order#: 5160905	385
Availability	****		<u> </u>
Document Examiner		Ref#:	
Updater		IXGL#*,	723
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier

Amount: \$

## 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.

agent, or bossi, sit the blace	ej i tortua.		
1. The name of the limited	liability company is:	DJONT Operations, L.L.C. , L.C.	•
2. The mailing address of	the limited liability co	ompany is: 545 E. John Carpenter Fr	eeway, Suite 1300
		Irving, Texas 750692	•
July 27, 1994		M9400000066	<del>-</del> - ·
3. Date of filing/registration	n in Florida	4. Document number	r
5. The name of the register Florida Department of S		stered office address as shown on t	he records of the
_	Corporation	n Service Company	
•		Name	
	120	1 Hays Street	
		Address	·
		hassee, FL 32301	02 FAL:
	City,	State and Zip	
6. The name and address of	the new registered ag	gent and/or office:	FEB 21 CRETAI LAHAS
(	CT Corporation System		
-		Name	
<u>1</u>	200 South Pine Island Ros	ad	
	Florida street address	s (P.O. Box NOT acceptable)	M I: LL FLORID
_	Plantation	FL 33324	حر <u>.</u>
	City, S	tate and Zip	
confirmed that after the cha	ange or changes are median he registered agent with the liability company or a the limited liability company or a second liability or a second		he registered office
Michael Jones, Attorney in Fact (Printed or typed name of signee)		<del></del>	
I hereby accent the annois	tment as registered as of all statutes relative accept the obligation is document is being that the limited liability	gent and agree to act in this capace to the proper and complete performs of my position as registered age filed to merely reflect a change in the company has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registere d Agent)	<del>~~~~</del>	· ·	

FL015-9/27/99 C T System Online

INHS18(10/99)

FILING FEE: \$25.00

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