M99000001900

(Rec	luestor's Name)	
(Add	ress)	
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PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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07/28/04--01035--001 **25.00

04 JUL 28 PH 2: 14

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive Suite 260 Duluth, Georgia 30096 800-277-9977 / Fax 800-815-0477

July 26, 2004

FILING TRANSMITTAL LETTER

Secretary of State Amendment Section 409 E. Gaines Street Tallahassee, FL 32399

Phone: 850-488-9000

RE: Johnson Southeast, L.L.C.

Dear Filing Officer:

Please find the enclosed:

- 1. Two (2) copies of change of Registered Agent/Office for the above entity;
- 2. Our check in the amount of 25.00 to cover the filing fee; and
- 3. Self-addressed envelope for return of evidence.

If you have any questions, or require anything further, please contact me toll free at 1-800-277 9977. Thank you for your assistance.

Very truly yours,

Mikel Hutchings

Paranet Job No. 04-07-0183-mh

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 JULY 28 PM 2: 14

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.

200

agent, or both, in the Stat	te of Florida.					
1. The name of the limite	ed liability company	is: Johnson S	outheast, L.L.C	<u>}.</u>		
2. The mailing address o	f the limited liability	y company is:	2900 Cole Co	urt, Norcross, G	A 30071	
· · · · · · · · · · · · · · · · · · ·			on the second second			
12/03/99		on de la companya de La companya de la co	Maa0000001	900		
3. Date of filing/registrat	ion in Florida	· · · · · · · · · · · · · · · · · · ·	4. Docume	nt number		
5. The name of the register Florida Department of		egistered office	address as sh	own on the re	cords of t	he
	C T Corporation Sys	stem				
· Carl :	· · · · · · · · · · · · · · · · · · ·	Name		·		
	1200 South Pine Isl	and Road				
		Address	<u> </u>			
	Plantation, FL 3332				.t.= •	
-	C	ity, State and 2	Zip			
6. The name and address	of the new registere	d agent and/or	office:			
	NRAI Services, Inc.		<u></u> <u>-</u> <u>-</u>	<u> </u>	i i	\$ × 15
)		Name	•			
	526 E. Park Avenue		<u> </u>	<u> </u>		
	Florida street add	ress (P.O. Box	NOT accepta	able)		
	Tallahassee	FL 3230	1	<u> </u>		
	Cit	y, State and Zi	p		70	.≥
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited that the limited liability concentration of the limited liability company.	hange or changes are the registered agent reby confirmed that d liability company of the limited liabilit	e made, the Flot t will be identi- the change(s) or as otherwis ty company.	orida street ad cal. Or, in the was/were auth	dress of the re e case of a Flor norized by an a the articles of	gistered o rida li mi te ıffirm <u>ati</u> ve	ffice ed Ste of
John Picone/Treasurer					:As	
(Printed or typed name of signee)				A PER COLUMN TO THE	•	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm NBA! Services, Inc. Lynnywy. (Signature of Registered Agent)	intment as registere is of all statules rela id accept the obligat this document is bei that the limited ligh	d agent and ag tive to the pro- tions of my pos ng filed to mer bility company	ree to act in t per and comp ition as regist ely reflect a c has been noti	his capacity. lete performan lered agent as hange in the ri fied in writing	I further a ice of my provided egistered of this ch	gree to duties, for in office iange.

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

FILING FEE: \$25.00

INHS18(10/99)

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 lir	mited liability company is:	ohnson Southeast, L.I	Ļ.C.	<u></u>	
	ss of the limited liability com	•		ss, GA 30071	
•		-		5	***
12/03/99		. M990000	01900		
3. Date of filing/regis	tration in Florida	4. Docur	nent numbe	r	
5. The name of the reg Florida Department	gistered agent and the register of State:	ed office address as	shown on ti	he records of th	ie
	C T Corporation System _	·····	<u> </u>	Star Section	2.
		lame			
	1200 South Pine Island Ro	pad			
	Ac	ldress		•	
	Plantation, FL 33324				
	City, St	ate and Zip			
6. The name and addre	ess of the new registered ager	nt and/or office:			
	NRAI Services, Inc.				
on We do	Na	me		•	÷
	526 E. Park Avenue			. 	•
	Florida street address (I	O. Box NOT acce	ptable)	•	
			,	0	밁
	Tallahassee]	1_32301			SE
	City, Stat	e and Zip		04 JUL	≘ ∺
confirmed that after the and the business office liability company, it is the members of the linthe operating agreement.	company is not organized und be change or changes are mad e of the registered agent will be hereby confirmed that the changed liability company or as not of the limited liability com	e, the Florida street be identical. Or, in the lange(s) was/were an otherwise provided:	address of the case of a the case of a the case of a the case of a the case of	he registered of Florida limited an affirmative	vote of
(Signature of a member or au	thorized representative of a member)				
John Picone/Treasurer (Printed or typed name of sig	nee)	<u> 선명 (14.</u>) 상편 (4.) ¹⁷	7 f . 7 d		
(Signature of Registered Age	•	t secy.			gree to luties, or in office ange.
DIV.	ision of Corporations, P.O.	Duk uja i, i biibna:	SSEE.FL 32	314	

FILING FEE: \$25.00

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