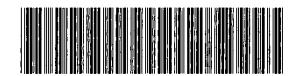
|                     | (Requestor's Name)                     |  |
|---------------------|--|--|
|                     |  |  |
|                     | (Address)                              |  |
|                     | (Add)                                  |  |
|                     | (Address)                              |  |
|                     | (City/State/Zip/Phone #)               |  |
| _                   | _                                      |  |
| PICK-L              | JP WAIT MAIL                           |  |
|                     |  |  |
|                     | (Business Entity Name)                 |  |
| <del></del>         |  |  |
|                     | (Document Number)                      |  |
| Certified Copies    | Certificates of Status                 |  |
| •                   |  |  |
| Special Instruction | ns to Filing Officer:                  |  |
|                     |  |  |
| A. LUNT             |  |  |
| SEP - 3 2008        |  |  |
|                     | EXAMINER                               |  |
|                     | L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: LWJ GROUP, LLC (Name of Lin   | nited Liability Company)  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office  | Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this r   | matter to the following:  |
| ANDREW WINSTON (Name of Person)  |   |
| LWJ GROUP, LLC (Firm/Company)  | SECRETARY OF STATE TALLAHASSEE, FLORIDA   |
| 2211 DAVIE BOULEVARD   | -2 P 4<br>SSEE, FLO   |
| FORT LAUDERDALE, FL 3. (City/State and Zip Code)   | 3312 END 22   |
| For further information concerning this matter, ple  | ease call:  |
| ANDREW WINSTON at ( (Name of Person)   | (Area Code & Daytime Telephone Number)  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following am   | ount:   |
| □ \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy  |

## 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. Name of the limited liability company: <u>LWJ</u>  | SROUP, LLC  |
|---|---|
| 2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )   | ny: 2211 DAYIE BOULEVARD<br>FORT LAUDERDALE, FL 33312   |
| (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   | 2211 DAVIE BOULEVARD FORT LAUDER PALE, FL 33312   |
| 09/14/2007  | L07000094458  |
| 3. Date of filing/registration in Florida   | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown or  | 111,000   |
| Registered Agent:   | ANDREW WINSTON BET !  |
| Registered Office Address:  | 2701 W DAKLAND PARK BLVD.<br>STE 100<br>ET LAUDERDALE FL 33311  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>  | EW Registered Office address:   |
| NEW Registered Agent:   | ANDREW WINSTON  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | FORT LAUDERDALE ,FL 33312   |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of member of authorized representative of a member) | eet address of the registered office and the business   |
| (Printed or typed name of signee)   | <u> </u>  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the page of ambigations of my position of a complete obligations of my position of this document is being filed to merely reflect a confirm that the injury leadily company has been notified  | agree to act in this capacity. I further agree to<br>roper and complete performance of my duties, and I<br>n as registered agent as provided for in Chapter 608<br>I change in the registered office address, I hereby<br>ed in writing of this change. |
| (Signature of Registered Agent)   |   |
| Division of Corporations, P.O. Box<br>FILING FEI  | · · · · · · · · · · · · · · · · · · ·   |

INHS18 (05/08)