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ASSEE, FLORIDA

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то:	Amendment Section Division of Corporations				
SHRIE	CCT: JKR & Associates				
SOBJE	(Name of Co	rporation)			
DOCU	MENT NUMBER: F07000003424				
The end	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.			
Please r	return all correspondence concerning this matter	to the following:			
	Karla Brooks				
	(Name of Contact Person)				
	JKR & Associates (Firm/Cor	many)			
	(1,1,1,1,2,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,				
	112 W. Editor St.				
	(Addre	ess)			
, ,					
	Ashland, IL 62612				
	(City/State and	d Zip Code)			
For furt	ther information concerning this matter, please ca	all:			
Karla E	Brooks	at (217) 476-3345 Ext 104			
	(Name of Contact Person)	at (217) 476-3345 Ext 104 (Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made payable to the Departr	ment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassec, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of $_$ are to change its registered office or registered agent, or both, in the State of Florence to change its registered office or registered agent, or both, in the State of Florence to change its registered of the state of th	Ellinois
1. The name of t	the corporation: JKR & Associates TWC.	
2. The principal Ashland, IL	office address: 112 W. Editor St. 62612	
3. The mailing a	address (if different): P.O BOX 590, Ashland, IL 62612	·
4. Date of incorp	poration/qualification: 7/9/2007 Document number: F07000003	3424
	d street address of the current registered agent and registered office on file with triment of State:	he
	Robert Messina	
	325 Tudor Springs Ct.	
	Orlando, FL 32828	-1 0
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	T AUG-
	Melinda Robinson	SSEE B
	7699 Clover Lane	EFFST ST
	(P.O. Box NOT acceptable) Keystone Heights, FL 32656	SALE 16
		A
The street address changed will	ress of its registered office and the street address of the business office of its related be identical.	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
LA.	President (Printed or fund name and title	
I hereby accept I further agree of of my duties, an	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply of a manufacture of the proper and comply the complex with and accept the obligation of my position as registered of ing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	
(Si	ignature of Registered Agent) (Date)	
If signing on be	ehalf of an entity:	
Mel-1. R	Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *