## F97000001936

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
|                         |                   |           |
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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## **COVER LETTER**

| TO: Amendment Section<br>Division of Corporation | ons   |                             |   |
|--|---|-----------------------------|---|
| SUBJECT:JF                                       | RK RESIDENTIAL                                  | L GROUP, IN                 | IC.   |
|  | Name of C                                       | Corporation                 |   |
| DOCUMENT NUMBER:                                 | F97   | 000001936                   |   |
| The enclosed Statement of Cha                    | ange of Registered Offic                        | ce/Agent and fee a          | re submitted for filing.                                    |
| Please return all corresponden                   | ce concerning this matte                        | er to the following:        |   |
|  |   | CULVER                      |   |
|  | Name of Co                                      | ontact Person               |   |
|  | CLAS INFORMA                                    | TION SERVICE                | =g  |
|  |   | ompany                      |   |
|  |   |                             |   |
|  | 2020 HURLEY                                     |                             | 0   |
|  | Ado   | iress                       |   |
| SACI   | RAMENTO (                                       | CA                          | 95825   |
|  | City/State a                                    | nd Zip Code                 | 30020   |
|  |   |                             |   |
| E mail ad  | cseidel@jrkpro<br>dress: (to be used for i      | pholdings.com               | ort notification)   |
| E-man ad   | itess. (to be used for i                        | iuiure amiuai rep           | ort notineation)  |
| For further information concer                   | ning this matter, please                        | call:                       |   |
| JUDY CU  | LVER  | at ( 800                    | 447-6237  |
| Name of Conta                                    |   | Area Code                   | & Daytime Telephone Number                                  |
| Enclosed is a \$35.00 check ma                   | de payable to the Depar                         | tment of State.             |   |
| Amer<br>Divis:<br>P.O. I                         | ng Address: definition of Corporations Box 6327 | Ameno<br>Divisio<br>Cliftor | Address:<br>Iment Section<br>on of Corporations<br>Building |
| Tallal   | nassee, FL 32314                                |                             | Executive Center Circle assee, FL 32301                     |

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

| statement of ch  | ange is submitted for a c   | orporation organize   | 607.1508, or 617.1508, Flo<br>ed under the laws of the Sta<br>d agent, or both, in the Sta                              | nte of DELA                                     | WARE                                     | _                |     |
|--|---|---|---|---|--|------------------|-----|
|  | the corporation: JRK l office address: 11766  | •   | L GROUP, INC.<br>/D., STE 1450, LOS A   | NGELES  | CA 900                                   | 25               |     |
| 3. The mailing   | address (if different):   |   |   |   |  |                  | _   |
| 4. Date of incom   | 4. Date of incorporation/qualification: 04/14/1997 Document number: F   |   |   |   | F97000001936                             |                  |     |
|  | d street address of the cu<br>rtment of State: (If resign   |   | at and registered office on f   | ile with the                                    |  |                  |     |
|  | KHAEF, RAMTIN   |   |   |   | *****                                    |                  |     |
|  | 2015 SOUTH TUT  | TLE AVENUE  |   |   | > f                                      | 10 F             |     |
|  | SARASOTA FL 34  | 1239  |   |   |  | FEB -            | न्। |
| 6. The name an (if changed):   | d street address of the ne  | w registered agent (  | if changed) and /or register  | ed office                                       |  | -8 PM 12:        |     |
|  | NRAI SERVICES,  | INC.  |   |   | SE LA                                    | <u>:</u>         |     |
|  | 2731 EXECUTIVE  | PARK DRIVE,   | SUITE 4   |   | <b>5</b> <sup>m</sup>                    | ŧ-               |     |
|  | WESTON, FL 333  | P.O. Box NOT so   | ceptable  |   |  |                  |     |
| The street addr<br>as changed wil  | ess of its registered offi-<br>l be identical.  | ce and the street add   | dress of the business offic   | e of its regis                                  | stered ager                              | ıt,              |     |
| Such change wanthorized by t   | as authorized by resolut<br>be board, or the corpora  | tion duly adopted by  | y its board of directors or<br>led in writing of the chang  | by an office<br>ge.                             | er so                                    |                  |     |
| //   | ure of an officer or director   |   | JOHN MCKEE, SENIOR<br>Printed or typed name   |   |  |                  |     |
| I hereby/accept<br>I further agree<br>of my duties, an<br>document is be<br>corporation ha | t the appointment as reg<br>to comply with the prov<br>nd I am familiar with an<br>ing filed merely to refle<br>s been notified in writin | ristered agent and a<br>visions of all statute<br>ad accept the obliga<br>ct a change in the r<br>g of this change. | gree to act in this capacit<br>s relative to the proper an<br>tion of my position as reg<br>egistered office address, I | y,<br>d complete<br>istered agen<br>hereby conj | performan<br>it. Or, if t<br>firm that t | ice<br>his<br>he |     |
| Midu   | A CULVUA<br>Inspure of Registered Agent   |   | 02/05/2<br>Date   |   |  | -                |     |
| If signing on be   | half of an entity:  |   |   |   |  |                  |     |
| JUDY CULV  | /ER, ASSISTANT S  | ECRETARY  |   |   |  |                  |     |

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)