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CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields FILED

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DEUNETANT OF STATE
MAILING ADDRESSLL AHASSEE, FLORIDA

P. O. BOX 3239 TAMPA, FLORIDA 3360I-3239 TBL (813) 223-7000 FAX (813) 229-4133

April 25, 2003

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

Re: Registered Agent Statements of Change

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD

TAMPA, FLORIDA 33602-5730

Gentlemen:

Please find enclosed statement of change for the registered agent of ARM Holdings, LLC; ARM Property Investments, LLC; JAMS Holdings & Investments, LLC; JEWBAN Investments, Inc.; MK Investments, LLC; Northfolk Investments, Inc.; Saraceno Property Investments, Inc.

Also enclosed is Carlton Fields' Check No. 315657 in the amounts of \$205.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,

Joyce F. Bentubo

Administrative Assistant

jfb

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company subm	its the following statement	r 608.508, Florida Stat in order to change its r	FILED utes, the undersigned limited egjstered office of Registered
agent, or both, in the St	ate oj r ioriaa.		POLICE IANT OF STATE
	ted liability company is: _A		
2. The mailing address	of the limited liability comp	eany is: 2724 WEST /	91H S1.
HIALEAH, FL 33016			
12/01/2000	L00000014845		
3. Date of filing/registra	ation in Florida	4. Document	number
5. The name of the regis Florida Department o			
	AMERICAN INFORM		<u>C.</u>
	ONE SE THIRD AVE.	ame , 28TH FLOOR	
		dress	
	MIAMI, FL 33131	ite and Zip	
C The mane and address	•	•	
o. The name and address	s of the new registered agen	t and/or office:	
	CFRA, LLC		_
	777 S. HARBOUR ISL	ne AND BLVD., 5TH FL	
	Florida street address (P	O. Box NOT acceptabl	e)
	TAMPA, FL 33602	L	
	City, State	and Zip	
confirmed that after the and the business office of liability company, it is he the members of the limit	empany is not organized und change or changes are made of the registered agent will be ereby confirmed that the chat ted liability company or as of of the limited liability comp	e, the Florida street addresse identical. Or, in the casenge(s) was/were author otherwise provided in the	ess of the registered office ase of a Florida limited ized by an affirmative vote of
albertigmas	la f.		
(Signature of a member of author	orized rapresentative of a member)		
ALBERT R. MOLINA	, JR.		
(Printed or typed name of signe	' \		
\\X\			capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.
Vice 11451	Peter J. Winde	·	
Divis	ion of Corporations, P.O.	Box 6327, Tallahassee,	FL 32314

INHS18(10/99) FILING FEE: \$25.00