

L010000008844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

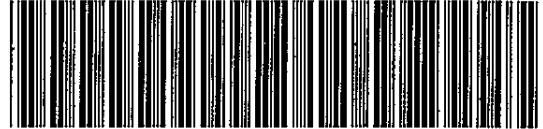
(Business Entity Name)

(Document Number)

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ANDREW E. PASTOR, P.A.
ATTORNEY AT LAW
11380 PROSPERITY FARMS RD - STE 101
PALM BEACH GARDENS, FLORIDA 33410

ANDREW E. PASTOR, ESQ.

Tel: 561.624.4900
Fax: 561.624.5393

January 8, 2004

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

Re: NJM, LLC
Statement of Change of Registered Office

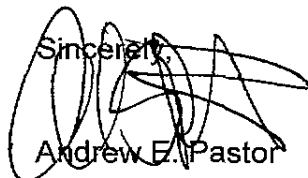
Dear Sir/Madam:

Enclosed please find the completed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and my firm's check #1764 in the amount of \$25.00.

Kindly make the changes listed to the above referenced Limited Liability Company.

Thank you for your courteous attention to this matter.

Feel free to call me if you have any questions.

Sincerely,

Andrew E. Pastor

AEP:skc
Enc.

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**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 limited liability company is: ~~ATTEX~~ NJM LLC
2. The mailing address of the limited liability company is : 1957 TIGRIS DRIVE
West Palm Beach, FL 33411
3. Date of filing/registration in Florida JUNE 2001
4. Document number LO1000008844
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NINA CIOFFI
Name
1957 TIGRIS DRIVE
Address
WEST PALM BEACH, FLORIDA 33411
City, State and Zip

6. The name and address of the new registered agent and/or office:

JEAN MICHEL THIRION
Name
630 S Saydella Avenue #410
Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

THIRION
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of registered agent)

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

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