J. J. J.

2006 LIMITED LIABILITY COMPANY

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 06, 2006 8:00 am Secretary of State **DOCUMENT #L02000006866** 1. Entity Name 03-06-2006 90203 042 ****50.00 JEC, LLC Mailing Address Principal Place of Business 956 POMPANO DRIVE PO BOX 3719 TEQUESTA, FL 33469 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-LLC CR2E083 (11/05) Applied For 4. FFI Number City & State City & State 65-0304659 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENAIM, MONROE Street Address (P.O. Box Number is Not Acceptable) 956 POMPANO DRIVE JUPITER, FL 33458 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Change Addition BENAIM, MONROE N NAME NAME STREET ADDRESS 956 POMPANO DRIVE STREET ADDRESS CITY-ST-7tP CITY-ST-7IP JUPITER, FL 33458 TITLE Delete MIF ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

HIENER MANAGER OR AUTHORIZED REPRESENTATIVE

Date

FILED