

LD2 0000 32463

EZON INC
1100 5TH AVENUE SOUTH
SUITE 210
NAPLES, FLORIDA 34102

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

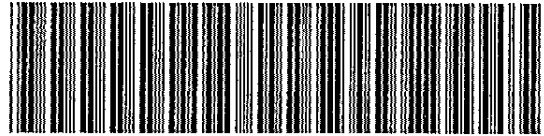
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: JAX, LLC
2. The mailing address of the limited liability company is: C/O EZON, INC. 1100 FIFTH
AVE SOUTH STE 210 NAPLES, FL 34102

3. Date of filing/registration in Florida 12-4-02
4. Document number L02000032463

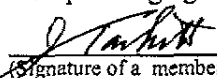
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JACK O. TACKETT
Name
1100 FIFTH AVE SOUTH STE 401
Address
NAPLES, FL 34102
City, State and Zip

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

GARY E ITTNER
Name
1100 FIFTH AVE SOUTH STE 210
Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34102
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)

JACK O. TACKETT, MEMBER
(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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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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