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	SE TALI	CLETARY OF STATE AHASSEE, FLORIDA
Just Networking 2576 Orangewood CT. Palm Harbor, R 34684		
(Address)		500042739395
(City/State/Zip/Phone #)	_	12/06/0401019006 **25.00
PICK-UP WAIT MAIL (Business Entity Name)	_	
(Document Number)		-
Certified Copies Certificates of Status	<u> </u>	
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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: JUST Networks.	ng uc.				
2. The mailing address of the limited liability company is: 2576 Oca		4			
PALM HARBOR, FL. 34684	J				
3.28.03 L03000	011756	•			
3. Date of filing/registration in Florida 4. Document num					
5. The name of the registered agent and the registered office address as shown on Florida Department of State: Corporation Service Compa		f the			
CORPORATION Service Compa Name 1201 Hays ST- Address TAllahassee, FL 3230 City, State and Zip	700 SE				
Name NoT acceptable) Name N	IC-6 P 2:57 ITARY OF STATE ASSEE, FLORIDA	FILED			
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 of authorized representative of a member)					
TAMES P. JUST (Printed or typed name of signee)					
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete pe and I am familiar with and accept the obligations of my position as registered a Chapter 608, F. M. Or if this document is being filed to merely reflect a change address. I hereby confirm that the limited liability company has been notified in Signature of Registered Agent)	pacity. I further rformance of m gent as provide in the registere writing of this	r agree to ty duties, ed for in ed office change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL	32314				

FILING FEE: \$25.00

INHS18(10/99)