## L030000050193

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(Requestor's Name)	SECRETARY OF VLLAHASSEE,	STA FLOA
(Address)		
(Address)		
(City/State/Zip/Phone #)	<del></del>	
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(Business Entity Name)		
(Document Number)		
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NORMAN N. BERKSON Attorney at Law

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540 Cherbourg Et. LED
Buffalo Grove, Illinois 60089
847-955-997005
Fax: 847-955-9987 10 P 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 31, 2004

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

Re: KJW Asset Management, LLC

Enclosed you will find a Change of Registered Agent regarding the above corporation and my check for \$25.00.

Would you please record the change and return the recorded documents to my office?

Very truly yours,

Norman N. Berkson

NNB:cn Enc.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTOR LED

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited		
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 and religious appears or both in the State of Florida.		le n.
agent, or both, in the State of Florida.	'	4. Ú.

agent, or none, in the since of runtain	6 or 608.508, Florida Statutes, the undersigned limited ent in order to change its registered office an repair of $\square$
1. The name of the limited liability company is:	SECRETARY OF STATE LITTLE LAHASSEE, FLORI
	ompany is: Lut 5. JODERAL 111-WAY -STEVEY
BOCO ROTON, FL 3393V	
(4.4.03	L030000 50193
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	stered office address as shown on the records of the
CONTORATIO	Name
	Address
TOLLA DASS	State and Zip
6. The name and address of the new registered a	, activities and activities activities and activities and activities activities and activities activities and activities activitities activities activities activities activities activities activ
_	
KENNE	TH J. WOLF
6015.3	Name  SD GLAL MI-WAY - 5 KE YOY
Florida street addres	Name SOCIAL HI-WAY - STE YOY SS (P.O. Box NOT acceptable)
- 1.0.6A. K	State and Zip
City,	State and Zip
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office fill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.
(Signature of a member or authorized representative of a member	oer)
KENNETH J. WOLF	
(Printed or typed name of signee)	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confine that the imited habili	ngent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, ms of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.

(Signature of Registered Age

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