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Tø:

Division of Corporations

Fax Number : (850)205-0380

From:

: GREENEPOON MARDER, P.A. Account Name

Account Number : Il9990000182 : (954)491-1120 Phone : (954)267-8013 Fax Number

REGISTERED AGENT CHANGE

J&B OVED LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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07-17-'07 15:34 FROM-

T-354 P002/002 F-476

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

fursuant to the provisions of section liability company submits the follow agent, or both, in the State of Florida	ons 008.410 or 008.308, Florida Statutes, the ring statement in order to change its registered t	ungersigned limited d office or registered	
1. The name of the limited liability è	ompany is: J&B OVED LLC		
2. The mailing address of the limited	l liability company is : 9941 S.W. 4th Street		
Plantation, Florida 33324			
		· · · · · · · · · · · · · · · · · · ·	
January 23, 2004		L04000006482	
3. Date of filing/registration in Florid	da 4. Document number		
5. The name of the registered agent a Florida Department of State:	nd the registered office address as shown on the	e records of the	
Alan B. (9	
	Name	SECRETAR IVISION OF C	
2021 1 yi	Address		
Hollywoo	d, Florida 33020		
<u>,</u>	City, State and Zip		
6. The name and address of the new r	registered agont and/or office:	AM 11: 10	
Alan B. C	John	7. To	
	Maria	5 🗐	
	Cypress Creek Road, Suite 700	nas uman rik	
Florida st	rect address (P.O. Box NOT acceptable)		
Fort Loud			
	City, State and Zip		
confirmed that after the change or che and the business office of the register liability company, it is hereby confirm	organized under the laws of the State of Floridanges are made, the Florida street address of the ed agent will be identical. Or, in the case of a lined that the change(s) was/were authorized by company or as otherwise provided in the articled liability company.	e registered office Florida limited an affirmative vote	
(Signature of a member or authorized representat	ive of a member)	•	
Jack Oved The OV	er .		
(Printed or typed name of signee)			
I hereby accept the appointment as n	egistered agent and agree to act in this capacit utas relative to the proper and complete perfort	y. I further agree to	
and I am tamiliar with any accept the Charles 508, F.S. Or if this docume, address, I hereby confirm that the lim	obingations of my position as registered agening is being filed to merely reflect a change in the titled liability company has been notified in writ	as provided for in e registered office ing of this change.	
(Signalure of Riginteres Agent)			
Division of Corpo	rations, P.O. Box 6327, Tallahasace, FL 323 FILING FEE: \$25.00	14	

INHS18 (8/05)