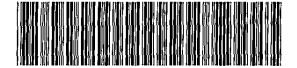
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:JDT Management LLC			
(Name of Limite	ed Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	ıg.	
Please return all correspondence concerning this n	matter to the following:		
Kathleen Flynn			
(Name of Person)			
c/o Hill & Company, CPA, PA			
(Firm/Company)			
1318 Lafayette Street			
(Address)			
Cape Coral, FL 33904			
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Kathleen Flynn at (at (239	~)	
(Name of Person)	(Area Code & Daytime Telephor		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	18 P B: 59	
Enclosed is a check for the following amo	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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 liab	llity company is:JDI	Management LLC	
2. The mailing address of the li	mited liability company	is: 1318 Lafayette	Street
		Cape Coral, FL	
1/23/04		L04000008206	j
3. Date of filing/registration in	Florida	4. Document num	ber
5. The name of the registered ag Florida Department of State:	ent and the registered of	fice address as shown o	n the records of the
•	dre R. Perron, Esq		
Oz.	Name ark, Perron & Nelso	n, PA	
	Address	· · · · · · · · · · · · · · · · · · ·	
	O8 Manatee Avenue W City, State an		. 34205
6. The name and address of the	new registered agent and	or office:	
	Kathleen Flynn,	c/o Hill & Company	, CPA, PA
	Name 1318 Lafayette S	treet	
Flori	da street address (P.O. E	Box NOT acceptable)	
Cana	Coral, FL	33904	
Jape	City, State and		
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby co of the members of the limited lift or the operating agreement of the (Signature of a member or authorized representation of the limited or typed name of signee) I hereby accept the appointment comply with the provisions of all	or changes are made, the gistered agent will be ide onfirmed that the change ability company or as off limited liability compa	Florida street address on tical. Or, in the case of (s) was/were authorized nerwise provided in the ny.	of the registered office of a Florida limited by an affirmative vote articles of organization
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept Chapter 608, F.S. Or, if this docadaress, I hereby confirm that the	siquies relative to the f the obligations of my f cument is being filed to n e limited liability compa	moper and complete per propertion as registered as perely reflect a change in my has been notified in	zormunce of my autles, gent as provided for in the registered office writing of this change.
Kathlan M Flyn (Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00