

DOCUMENT # L04000016122

1. Entity Name
JYP INVESTMENT, LLC

Secretary of State

03-01-2007 90192 032 ****50.00

Principal Place of Business
4901 VINELAND ROAD, STE. 340
ORLANDO, FL 32811

Mailing Address
4901 VINELAND ROAD, STE. 340
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #
6996 Piazza Grande Avenue
Suite, Apt. #, etc.
Suite 311
City & State
Orlando, FL
Zip
32835
Country

3. Mailing Address
6996 Piazza Grande Avenue
Suite, Apt. #, etc.
Suite 311
City & State
Orlando, FL
Zip
32835
Country

02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
90-0159334
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

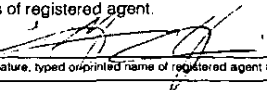
6. Name and Address of Current Registered Agent

HILL, GRANT
4901 VINELAND ROAD, SUITE 340
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6996 Piazza Grande Avenue
Suite 311
City
Orlando
FL
Zip Code
32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HILL, GRANT
4901 VINELAND ROAD, SUITE 340
ORLANDO, FL 32811 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6996 Piazza Grande Avenue, Suite 311
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

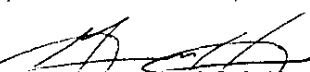
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2/15/07 Daytime Phone #