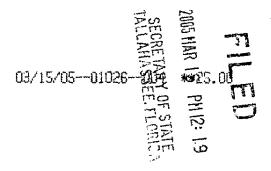
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Law Offices of Joshua G. Gerstin, P.A. 399 West Palmetto Park Rd., Suite 108 Boca Raton, FL 33432 (Address)						
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED 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 limite	d liability company i	s: _Janob, LLC		·	
2. The mailing address of			EER CREEK	COUNTRY CLUB	
BLVD. DEERFIELD BI					
07/15/2004		L04000052640			
3. Date of filing/registration in Florida		4. Docu	4. Document number		
5. The name of the register Florida Department of	ered agent and the reg State: DOUCETTE, CHA		s shown on the	e records of the	
	621 NW 53RD S1	Name FREET, SUITE 240	···	-	
	BOCA RATON FI	Address 33487 y, State and Zip	· · · · · · · · · · · · · · · · · · ·	200 TA	
6. The name and address of	•			500 1	
	Joshua Gerstin, Esq.			形5	
	399 West Palmett	Name to Park Rd., Suite 10	8	2005 MAR 15 PH 12: 19 SECRETARY OF STATE TALLAHASSEE, FLORIG	
	Florida street addre	ess (P.O. Box NOT acc	eptable)	22	
	Boca Raton	_{FL} 33432		5m 6	
	City,	State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are the registered agent velowed that the bull that the company of the company	made, the Florida stree will be identical. Or, in he change(s) was/were a r as otherwise provided	State of Florid t address of the the case of a lauthorized by a lin the articles	a, it is hereby e registered office Florida limited an affirmative vote of of organization or	
(Signature of a member or authori	zed representative of a mem	ber)			
Gerald O'Brien	•	,			
(Printed or typed name of signec)					
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statules relati d accept the obligation his document is being that the limited liabil	agent and agree to act ve to the proper and co ons of my position as re g filed to merely reflect lity company has been t	in this capacit implete perfori gistered agent a change in th notified in writ	y. I further agree to mance of my duties, as provided for in the registered office ting of this change.	

FILING FEE: \$25.00

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

ignature of Registered Agent)