




**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**



|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # L05000020275</b><br/>1. Entity Name<br/><b>JKJ INVESTMENTS LLC</b></div><div style="text-align: center;"></div></div>  |   |  |  | 03-19-2008 90148 035 ***138.75  |  |
| <div style="display: flex; justify-content: space-between;"><div>Principal Place of Business<br/><b>1106 NORTH FRANKLIN STREET<br/>TAMPA, FL 33602 US</b></div><div>Mailing Address<br/><b>1106 NORTH FRANKLIN STREET<br/>TAMPA, FL 33602 US</b></div></div>   |   |  |  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |  | 03172008    Chg-LLC    CR2E083 (12/06)  |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country                         |  | 4. FEI Number<br><b>20-2406291</b><br><div style="display: flex; justify-content: flex-end;"><div>Applied For</div><div>Not Applicable</div></div>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STEVENS, JOEL R II<br/>1106 NORTH FRANKLIN STREET<br/>TAMPA, FL 33602</b>  |   |  |  | 7. Name and Address of New Registered Agent<br><div style="display: flex; justify-content: space-between;"><div>Name</div><div>Street Address (P.O. Box Number is Not Acceptable)</div></div> <div style="display: flex; justify-content: space-between;"><div>City</div><div><b>FL</b>      Zip Code</div></div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br><b>STEVENS, JOEL R II</b><br><b>1106 NORTH FRANKLIN STREET</b><br><b>TAMPA, FL 33602</b> | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br><b>George K. Guida</b><br><b>1106 N. Franklin Street</b><br><b>Tampa, FL 33602</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |  |   |  |
| <div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b> </div><div><b>3-17-08</b></div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</div><div>Date</div><div>Daytime Phone #</div></div>  |   |  |  |   |  |