

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000041215

Entity Name: J&J CAPITAL GROUP, LLC

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

4059 SALISBURY ROAD, NORTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

8110 CYPRESS PLAZA DRIVE, STE 201
JACKSONVILLE, FL 32256

Current Mailing Address:

4059 SALISBURY ROAD, NORTH
JACKSONVILLE, FL 32216

New Mailing Address:

8110 CYPRESS PLAZA DRIVE, STE 201
JACKSONVILLE, FL 32256

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHTER, JOHN E
4059 SALISBURY ROAD, NORTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

RICHTER, JOHN E
8110 CYPRESS PLAZA DRIVE, STE 201
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: JOHN E. RICHTER

07/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHTER, JOHN E
Address: 4059 SALISBURY ROAD, NORTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RICHTER, JOHN E
Address: 8110 CYPRESS PLAZA DRIVE, STE 201
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN E. RICHTER

MGR

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date