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06/13/05--01010--015 **85.00

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 limit	ed liability company is:	JORERN	HOLDINGS LLC		
2. The mailing address o					
MIAMI LAKES, FL 33		-			
5/19/05			L05000050149	•	
3. Date of filing/registrat	ion in Florida		4. Document num	ber	
5. The name of the register Florida Department of	State:	tered office	address as shown or	a the records of the	
	MARIA RAMIREZ				
	8805 NW 168 STRE	Name EET		超島和	
	MIAMI LAKES, FL			CORETAR I	
	City,	State and Zi	p	SER W	
6. The name and address of the new registered agent and/or office:					
	JORGE CALVO			1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	2361 SW 139 PLAC	Vame E		DM O	
	Florida street address	(P.O. Box	NOT acceptable)		
	MIAMI,	FL 3317	5		
	City, St	tate and Zip			
If the limited liability come confirmed that after the cland the business office of liability company, it is here the members of the limite the operating agreement of the limited liability company to the liabili	thange or changes are ma the registered agent will reby confirmed that the d liability company or a f the limited liability con	ade, the Flor Il be identica change(s) was otherwise ompany.	rida etreet addreec or	f the remistered office	
(Signature of a member or authorized representative of a member)					
ERNESTO RAMIREZ	<u> </u>	<u> </u>	- ,		
(Printed or typed name of signee)		. ,			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ient and agr to the prop t of my posit iled to mere v company h	ee to act in this capeer and complete per ion as registered ag ion es registered ag iv reflect a change i as been notified in s	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.	
(Signature of Registered Agent)					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
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