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SECRETARY OF STATE
TALL AHASSEF FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JUMP ORLANDO LLC (Name of I	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
PAMELA C BRATTER		
(Name of Person)	=======================================	
JUMP ORLANDO LLC (Firm/Company)	O7 FEB SECRETALLAHA	
1407 CLARKS SUMMIT CT	FEB 22 PM 3: 17 ECRETARY OF STATE LLAHASSEE FLORIDA	
(Address)	SIA 3:	
ORLANDO FL 32828		
(City/State and Zip Code)		
For further information concerning this matt		
JAY BRATTER (Name of Person)	_ at (407) 970-2572 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Alea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
≥ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 limited liab	oility company is:	JUMP	ORLANDO LLC	
2. The mailing address of the I	imited liability co	mpany	is : 1407 CLARKS SU	JMMIT CT
ORLANDO FL 32828				<u> </u>
10/18/2005			L05000102472	
. Date of filing/registration in Florida		4. Document nun	4. Document number	
5. The name of the registered a Florida Department of State:	-			on the records of the
<u>CO</u>	RPORATION		VICE COMPANY	
		Name		r _{Al} s
<u>120</u>	1 HAYS STRE	ET		EC 77
		Addres	SS	FEB 22 PRETARY AHASSE
TALLAHASSEE FL 32301		AA N		
	City,	State a	nd Zip	路型で
6. The name and address of the	new registered a	gent an	d/or office:	PH 3: OF STA
JAY BRATTER		STATE LORID		
140	7 CLARKS SU	Name MMIT	СТ	D
Flo	rida street addres	s (P.O.	Box NOT acceptable)	
ORI	LANDO	FL	32828	
	City, S	State an	d Zip	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

PAMELA C BRATTER MM (3)

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00