## #105000/20166

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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## **COVER LETTER**

Registration Section

Division	of Corporations				
SUBJECT: JF	RJ RECEIVABLES, LLC				
Name of Limited Liability Company					
Dear Sir or Mac	dam:				
The enclosed Re	egistered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.		
Please return all	correspondence concerning t	his matter to th	ne following:		
Lanell L. Sche	eifele				
	Name of Person		•		
JRJ RECEIVA	ABLES, LLC				
	Firm/Company		-		
One Mauchly					
	Address		•		
Irvine, CA 926	518				
	City/State and Zip Code	,	-		
lscheifele@au	iction.com				
E-mail address	s; (to be used for future annual report no	otification)	-		
For further info	rmation concerning this matte	er, please call:			
Lanell Scheife	ele	949 at (	465-8524		
1	Name of Person		rea Code & Daytime Telephone Number		
Registrat Division Clifton E 2661 Exc	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclose	d is a check for the followin	g amount:			
<b>■</b> \$25 F	Ciling Fee	□ \$55	Filing Fee & Certified Conv		

## 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. Name of the limited liability company: JRJ RECEIVABL	ESLLC				
2. (a) Principal office address of limited liability company	: One Mauchly	ਨ			
(Note: MUST BE STREET ADDRESS)	Irvine, CA 92618				
(b) Mailing address of limited liability company:	One Mauchly				
(Note: MAY BE POST OFFICE BOX)	Irvine, CA 92618	97.4 <b>- 5</b> .			
		<u> </u>			
December 19, 2005	L05000120166	701			
3. Date of filing/registration in Florida	4. Document number	<b>1</b>			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dep	ot. of State:			
Registered Agent:	Jon N. Block				
Registered Office Address:	315 SE Mizner Blvd., Suite 21	1			
	Boca Raton, FL 33432	•			
NEW Registered Agent:  NEW Registered Office Address:	NRAI Services, Inc. 515 East Park Avenue				
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301			
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the preand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	orida street address of the rejical. Or, in the case of a Flor was/were authorized by an a se provided in the articles of	gistered office ida limited ffirmative vote of organization or			
Signature of Registers Agent Jose Castellanos, Asst. Sec					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

**FILING FEE: \$25.00**