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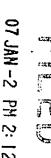
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jand Copportunities (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan Feinberg (Name of Person)
Jand K OPPORTUNITIES (Firm/Company) Fig. 2
882 NE 79th ST ASSET NO THAT ASSET NO THE TOTAL STATE OF THE TOTAL STA
Miami FL 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
Jonathan Feinberg at (321) 5.05-4.98 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:

■\$25 Filing Fee

Enclosed is a check for the following amount:

CR2E079 (8/05)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

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 liability company is: 2. The mailing address of the limited liability company is: 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, Fix 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. gnature of a member or authorized representative of a member) 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 auties, 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, thereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18 (8/05)

gnature of Registered Agent)