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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: THE AJK GROUP, LLC (Name of Corporation)				
DOCUMENT NUMBER: L06000028080				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ALEX J. KOZAK (Name of Contact Person)				
THE AJK GROUP, LLC (Firm/Company)				
6911 MAIN STREET SUITE 118 (Address)				
MIAMI LAKES, FL 33014 (City/State and Zip Code)				
For further information concerning this matter, please call:				
ALEX J. KOZAK at (Name of Contact Person) at (A	05 892-4478 rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2007

ALEX J KOZAK 6911 MAIN ST STE 118 MIAMI LAKES, FL 33014

SUBJECT: THE AJK GROUP, LLC

Ref. Number: L06000028080

TREAT OF STATE

We have received your document for THE AJK GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 807A00054878

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: ItE NJK GKO	MP LLC
2. The mailing address of the limited liability	company is : 6911 MAIN	STREET 4118
VII.	MIAMILLAKES, FO	
3/16/2006	206000	
3. Date of filing/registration in Florida	4. Document numb	•
5. The name of the registered agent and the re Florida Department of State: Soo TK	AUSTIN	•
WEST PACE	Address Address Typ, State and Zip	310/ 3 🐇
6. The name and address of the new registered		ECRETARY SIDM OF O SEP 27
HLEXANK	DER J. KOZAK	
	Name SUITEET SUIT ess (P.O. Box NOT acceptable)	PH 3: 21
MIAMI LAKES	FL 33014 State and Zip	···
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability comparor the operating agreement of the limited liability compared to the operating agreement of the limited liability compared to the operating agreement of the limited liability compared to the operating agreement of the limited liability compared to the operating agreement of the limited liability compared to the operation of a member of authorized representative of a member of signee)	e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized ny or as otherwise provided in the a lity company.	rida, it is hereby the registered office a Florida limited by an affirmative vote rticles of organization

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 habitity 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

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