

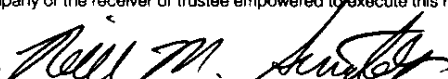


04-30-2008 90036 030 \*\*\*138.75

|  |  |   |                       |   |  |
|--|--|---|-----------------------|---|--|
| <b>DOCUMENT # L06000043003</b><br>1. Entity Name<br>N3J LLC  |  |  |                       | <b>Secretary of State</b><br>04-30-2008 90036 030 ***138.75   |  |
| Principal Place of Business<br>204 S LOMBARDY LOOP<br>JACKSONVILLE, FL 32259   |  | Mailing Address<br>204 S LOMBARDY LOOP<br>JACKSONVILLE, FL 32259                  |                       | <b>00004011</b><br>                         |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |                       | 04282008 Chg-LLC CR2E083 (12/06)  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                       | 4. FEI Number<br>74-3170821   |  |
| City & State   |  | City & State  |                       | Applied For<br>Not Applicable   |  |
| Zip  | Country  | Zip   | Country               | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br>COPELAND, DANIEL M<br>9310 OLD KINGS ROAD SOUTH<br>1501<br>JACKSONVILLE, FL 32257   |  |   |                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |   |                       |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |                       |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                |                       |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br>BLOEDOW, JAMES J JR.<br>511 A1A NORTH<br>PONTE VEDRA, FL 32082          | <input type="checkbox"/> Delete   |                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MAXWELL-BLOEDOW, JAMIE L<br>511 A1A NORTH<br>PONTE VEDRA, FL 32082      | <input type="checkbox"/> Delete   |                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br>SINGLETON, NEILL M<br>205 SOUTH LOMBARDY LOOP<br>JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete   |                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SINGLETON, JANE G<br>205 SOUTH LOMBARDY LOOP<br>JACKSONVILLE, FL 32259  | <input type="checkbox"/> Delete   |                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |                       |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |                       |   |  |
| SIGNATURE:    |  | 4-28-08   |                       | 904-318-0440  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date  |                       | Daytime Phone #   |  |