L07000055158

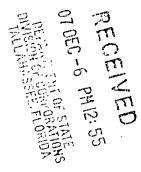
| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Address) | | | |
| (Address) | | | |
| (Cit | ty/State/Zip/Phone | #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| · | | | |
| | | | |
| | | | |

Office Use Only



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BK 12/6



Suite 600 301 South Bronough St. (32301)

POST OFFICE BOX 11189 CLERMONT

TALLAHASSEE, FL 32302-3189 FORT LAUDERDALE

TEL 850-222-7717

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KEY WEST

FAX 850-222-3494 FAX 850-577-3311

Lakeland Melbourne

gray-robinson.com

NAPLES

Orlando

E-MAIL ADDRESS

TALLAHASSEE

jmcfarland@gray-robinson.com

Тамра

December 6, 2007

VIA HAND DELIVERY

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

JK-2 Investments, LLC

Our File No. 460353-1

To Whom It May Concern:

Enclosed for filing are the following documents:

- 1. Statement of Change of Resident Agent for JK-2 Investments, LLC.
- 2. Amended and Restated Articles of Organization of JK-2 Investments, LLC.

Please provide me with a certified copy of the Amendment to Articles of Organization. Our firm checks totaling \$80.00 are enclosed for the amendment fee of \$25.00, resident agent fee of \$25.00 and certified copy fee of \$30.00.

Also, upon receipt of this request, please date-stamp the copy of this letter attached. Once the certified copies are available for pick-up, please contact me at (850) 577-9090. Thank you.

Sincerely,

Jessiga N. McFarland

Legal Assistant

Enclosures

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: JK-2 INVESTMENTS, LL (Name of L | imited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered O | office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning t | this matter to the following: | |
| R. Mark Fore (Name of Person) | <u></u> | |
| GrayRobinson, P.A. (Firm/Company) | | |
| One Lake Morton Drive | | |
| (Address) | | |
| Lakeland, Florida 33801 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter | er, please call: | |
| R. Mark Fore | at (863) 284-2214 | |
| (Name of Person) | (Area 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 | g amount: | |
| ✓ \$25 Filing Fee | S55 Filing Fee & Certified Copy | |

INHS18 (8/05)

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 liabili | ity company is: <u>J</u> | K-2 INVESTMENTS, LLC |
| 2. The mailing address of the lim | nited liability comp | pany is : 625 KIRKSWOOD COURT, LAKELAND, |
| | , , | |
| FLORIDA 33813 | | |
| MAY 24, 2007 | | L07000055158 |
| 3. Date of filing/registration in F | lorida | 4. Document number |
| 5. The name of the registered age Florida Department of State: | ent and the register | ed office address as shown on the records of the |
| | ASHLEY N. (| CALHOUN |
| *************************************** | | lame |
| | | ORTON DRIVE |
| | Ad | idress |
| | LAKELAND, F | LORIDA 33801 |
| | City, Sta | ate and Zip |
| 6. The name and address of the n | ew registered ager | nt and/or office: |
| | R. MARK FOI | RE |
| | Na | |
| | | DRTON DRIVE |
| Floric | da street address (I | P.O. Box NOT acceptable) |
| · | LAKELAND, I | FL 33801 |
| | City, Stat | e and Zip |
| confirmed that after the change of and the business office of the reg liability company, it is hereby con | r changes are mad istered agent will l nfirmed that the cl bility company or limited liability c | der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company. |
| (Signature of a member of authorized repre | semante of a member) | |
| R. MARK FORE | | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment comply with the provisions of all and I am familiar with and accept thapter 608, F.S. Or, if this doc address, I hereby confirm that the | as registered agei statules relative to of the obligations o ument is being file e limited liability o | nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in it to merely reflect a change in the registered office company has been notified in writing of this change. |
| | | |

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