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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 limite	d liability compa	any is: JNPLUS RE	ALTY, LLC			
2. The mailing address of	f the limited liabi	ility company is:	9048 Dupont Place			
Wellington, FL 33414						
September 10, 2007		-	L07000092202			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of	ered agent and the State:	e registered office	address as shown on th	ne records of	fthe	
	ROBERT S. K					
	1701 Most Hills	Name	207	_		
1701 West Hillsboro Blvd., Suite 207 Address					07	
Deerfield Beach, FL 33442				두살	000	
City, State and Zip				ASS	<u> </u>	FE
6. The name and address of	of the new registe	ered agent and/or	office:	SE C	OCT -1 PH 2:2	_ED
	TOMER HAIK				<i>∴</i>	_
Name 9048 Dupont Place				ATE	2	
		ddress (P.O. Box	NOT acceptable)			
	Wellington	FL 3341	4			
	(City, State and Zip)			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authori	nange or changes the registered ag reby confirmed the ited liability con t of the limited li	are made, the Flogent will be identiced at the change(s) with the change and the repair or as otherwishing company.	rida street address of the al. Or, in the case of a was/were authorized by	ne registered Florida limi an affirmati	office ited ive vo	ite
(-	zeu representative of a	i member)				
TOMER HAIK (Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)		ered agent and agi elative to the prop gations of my posi being filed to mere liability company i	ree to act in this capaci er and complete perfor tion as registered agen ly reflect a change in th has been notified in wri	ty. I further mance of my t as provided he registered ting of this c	agree y dutie d for i d offic change	e to es, n ee ee.

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