

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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 TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

JMPARA, LLC

Certificate of Status	0
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G. MCLEOD

JUN 15 2009

EXAMINER

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6/12/2009

**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. Name of the limited liability company: JMPara, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS) 1430 BRANDING AVENUE SUITE 155
DOWNS GROVE IL 60515

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX) 1430 BRANDING AVENUE SUITE 155
DOWNS GROVE IL 60515

4/30/2008
3. Date of filing/registration in Florida

LB0000043170
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: National Registered Agents Inc.

Registered Office Address: 2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation Systems

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is 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.

Bob Para
(Signature of a member or authorized representative of a member)

Bob Para
(Printed or typed name of signer)

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 make a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Mejia Registration System Assistant Secretary
(Signature of Registered Agent)

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

INHS18 (05/08)

FL018 - 01/27/2004 C T System Online

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