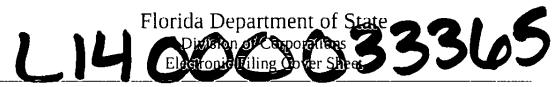
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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JLM CAPITAL, LLC

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K. Brumbley

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Ni	ame of the limited liability company:		
2. (a)		(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/26/14	L14000	9033365
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JONES, GEORGE		
. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. o	of State:
	515 E LAS OLAS BLVD		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	SUITE 120		
	FT LAUDERDALE , FL	21	
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	1024 APR 1 0
	7901 4th St N		70 T 1
	NEW Registered Office Address:		<u>က</u>
	STE 300		ယ
	St. Petersburg , FL	33702	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	the registered ability company of the limited lis	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signature of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obl to mere notifice	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I find my itting of this change.	performance of I för in Chapte iereby confirm	s canacity. I further agree to comply with the
	David Roberts - Assistant Se	ecretary	