**Document Number Only** 4000000 423 C T Corporation System Requestor's Name 660 Fast Jefferson Street Address 700002945147--6 32301 Tallahassee, FL Phone -07/29/99--01056--011 Zlp State Clty \*\*\*\*665.00 \*\*\*\*\*35.00 CORPORATION(S) NAME 102J () Profit () Merger () Amendment () NonProfit () Limited Liability Company () Mark () Dissolution/Withdrawal () Foreign () Other () Annual Report () Limited Partnership Change of R.A. () Reservation () Fictitious Name () Reinstatement () Limited Liability Partnership () Photo Copies () Certified Copy () After 4:30 () Call if Problem Pick Up () Call When Ready () Will Wait ⟨
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W.P. Verifier

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

liability comp	pany organized under the laws of the St	508.508, Florida Statutes, the undersigned live at the forest of the second affine or registered agent, or bo	
submits the fo the State of Fl		ts registered office or registered agent, or bo	., .,
1a. The name	e of the limited liability company is: R.	A.C. 102J L.C.	
Karman, Su	uite 400, Irvine, CA 92612		
1c. Date of fi	iling/registration in Florida: 08/19/94	Document number: L9 4000000423	
2. The name	and address of the current registered ag	ent and office:	o o
<u>:</u>	and address of the current registered ag  Nancy Ryan  10800 Biscayne Blvd., Penthouse		= -
-	10800 Biscayne Blvd., Penthouse		70 ILE
<u>:</u>	Miami, Florida 33161		
3. The name	and address of the new registered agent	and office: (P.O. BOX NOT ACCEPTABLE)	7
	CT CORPORATION SYSTEM		
•	1200 South Pine Island Road		
	Plantation, FL 33324		. •
of the registers Such change vector company or a company.  K00 K00 R0  By:  (Sign	red agent will be identical. was authorized by affirmative vote of a as provided in the articles of organization.  ROO, INC.	ess of the registered office and the business off a majority of the members of the limited liabilation or the regulations of the limited liabilation of the limited liabilation (Date)	lity
	mesentative of a member)		
(Print	ited or typed name and title)	for the above stated	i
limited liable in this capa proper and	pility company, I hereby accept the appoint of further agree to comply with	ccept service of process for the above stated ointment as registered agent and agree to act the provisions of all statutes relative to the d I am familiar with and accept the obligation	•
CT CORPORA	ATION SYSTEM	2120-66	
107	Heely Sharp of Boristavad A fant	(Date)	
(Signa	nature of Registered Agent)  Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314	

**FILING FEE: \$35.00** 

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