M03000000172

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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IVISION OF CORPORATION



200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

VIA REGULAR MAIL

September 28, 2010

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Theodore Boca Raton LLC

Tampa Brandon, LLC Jennie Jewel, LLC

Citrus grove Partners, LLC

Dear Sir or Madam:

Enclosed please find forms to change the registered agent/office for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2556.

Thank you.

Lgia Sin

LS/cv Encl.

an affiliate of National Registered Agents, Inc.

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 bolh, in the State of Florida.

ugent, or bolh, in the State of Florida.	S. To brainge his regularite of regulative
1. Name of the limited liability company:TH	EODORE BOCA RATON LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	128 THEODORE PLACE THORNHILL, ON CANADA-L47 8-E3 L41 8 E3
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	128 THEODORE PLACE THORNHILL, ON CANADA 447 8 63 L47 8 6
JANUARY 16, 2003	M0300000172 /v/).
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Agent</u> :	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4
	Weston ,FL33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
MICHAEL MAMMON, MANAGER Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a address. I hereby confirm that the limited liability compa NRAI Services, Inc. by Signature of Registerer Agent Letter Chapter Ass.	

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

INHS18 (05/08)