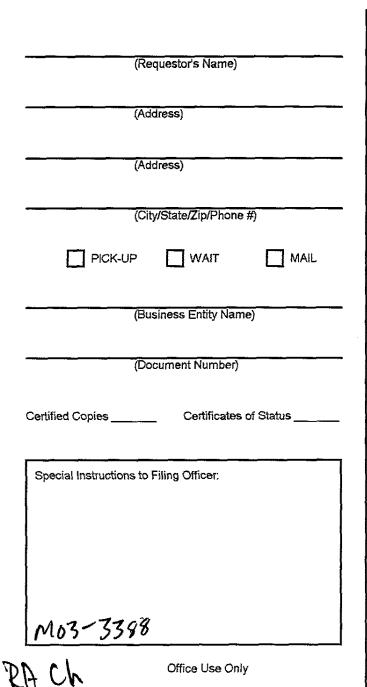
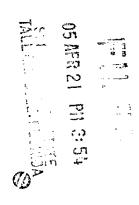
## M03000003388





200051362292

04/21/05--01061--002 \*\*25.00



## PREMIER CORPORATE SERVICES, INC.

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

April 12, 2005

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: CJD & Associates L.L.C.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Laura Lightholder

LL/smc.
Encl.

Sincerely

## 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 limited liability company is: CJD & Asso	ociates, L.L.G.	
2. The mailing address of the limited liability company is:	·	
P.O. Box 25940, Overland Park, KS 66225-5940		
October 9, 2003	M03000003388	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on the records of the	
Gerald Grubba		
Name		
101 Federal Place, Suite 101		
Address		
Tarpon Springs, FL 34689		
City, State and Zip		
6. The name and address of the new registered agent and/or	office:	
NRAI Services, Inc.		
Name		
2731 Executive Park Drive, Suite 4		
Florida street address (P.O. Box	NOT acceptable)	
Weston FL 3333	1	
City, State and Zij	p	
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.		
(Printed or typed name of signee)	ရွက <del>်ရိုး</del> ကိုး ရွက်ရေး မြို့ရိုး များ ဆြေးများ	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to interaddress, I hereby donfirm that the fimited liability company NRAI Services. Inc.  (Signature of Registered Agent)  Anthony J. Alexander, Asst. Secretary  Division of Corporations, P.O. Box 632		

FILING FEE: \$25.00

INH\$18(10/99)

## 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 limited liability company	is: CJD & Associates, L.L.C.	·
2. The mailing address of the limited liability	company is:	,
P.O. Box 25940, Overland Park, KS 66225-5940	0	
		<sup>_</sup>
October 9, 2003	M03000003388	<u></u>
3. Date of filing/registration in Florida	4. Document number	
<ol> <li>The name of the registered agent and the re Florida Department of State;</li> </ol>	gistered office address as shown on the records of t	he
Gerald Grubba		
<del></del>	Name	
101 Federal Place, S	3uite 101	
Address		
Tarpon Springs, FL 34689		
Ci	ity, State and Zip	
6. The name and address of the new registered	d agent and/or office:	
NDAL Comisson Inc.		
NRAI Services, Inc.	<b>NT</b>	
2731 Executive Park	Name Drive, Suite 4	
\	ress (P.O. Box NOT acceptable)	
	,	
Weston	FL 33331	
City	y, State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that it		office ed G
Signature of a member of authorized representative of a me	moer)	3 .
michael Hess		. 😜 ·
(Printed or typed name of signee)	ere 5 ° buston (	ုံ့ ကု
(Signature of Registered Agent)	d agent and agree to act in this capacity. I fuffher of tive to the proper and complete performance of my ions of my position as registered agent as provided ng filed to merely reflect a change in the registered nility company has been notified in writing of this ch	igrec to duties, for in office hange.
Anthony J. Alexander, Asst. Secretary	P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)