


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # M03000004259			
1. Entity Name <b>JENGPS, LLC</b>			
Principal Place of Business <b>6060 DUTCHMANS LANE #100</b> <b>LOUISVILLE, KY 40205</b>		Mailing Address <b>6060 DUTCHMANS LANE #100</b> <b>LOUISVILLE, KY 40205</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>6060 Dutchmans Lane</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Louisville, KY</b> Zip <b>40205</b> Country	
6. Name and Address of Current Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>NICKLIES, DAVID W</b> <b>6060 DUTCHMANS LANE, STE 100</b> <b>LOUISVILLE, KY 40205</b>	<input type="checkbox"/> Delete	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 35			
<b>SIGNATURE</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			