MO400004425

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ACCOUNT NO. : 072100000032	
REFERENCE : 076872 7591916	•
AUTHORIZATION :	,
COST LIMIT CARELO TO THE COST LIMIT COST	9
ORDER DATE : August 26, 2007	à
ORDER TIME: 11:19 AM	
ORDER NO. : 076872-025	
CUSTOMER NO: 7591916	
CHANGE OF AGENT	. –
NAME: 1998-JM ASSOCIATES, L.L.C.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Doreen Wallace	

EXAMINER'S INITIALS:

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.

	og I tortum.				
1. The name of the limite	d liability company is:	1998-JM ASS	OCIATES, L.L.C.	·	
2. The mailing address of	the limited liability co	ompany is :			
6600 Jurupa Avenue, Riversid	e. CA 92504	•			
				•	
October 15, 2004		_	M04000004425		
3. Date of filing/registrati	on in Florida	4	. Document number	r	
5. The name of the registe Florida Department of S		stered office ac	ldress as shown on t	he records of the	
	CT Co	rporation System	<u> </u>		
		Name			
1200 South Pine Island Road					
		Address			
		ation, FL 33324		强易一	
	City,	State and Zip		型37	
6. The name and address of	of the new registered a	gent and/or of	fice:	TILLAHASSEE, FLORI	
	Corporatio	on Service Compa	iny	E.F.O.	
		Name		S	
	1201 Hays Street			2	
	Florida street address	s (P.O. Box N	OT acceptable)	P	
	Tallahassee	FL	32301	<u></u>	
	City, S	State and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority).	tange or changes are methe registered agent we be confirmed that the lited liability company to the limited liability	nade, the Floricial be identical change(s) was otherwise company.	da street address of t Or, in the case of a s/were authorized by	he registered office a Florida limited y an affirmative vote	
T					
Jason Washingto (Printed or typed name of signee)	<u>n</u>				
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	R Cann	1m	e to act in this capac and complete perfo on as registered age reflect a change in s s been notified in wr	ity. I further agree to rmance of my duties, nt as provided for in the registered office iting of this change.	

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