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ACCESS, INC. 236 East 6th Avenue . Tallahassec, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666				
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submit agent, or both, in the Sta	ts the following stateme	nt in order to	change its regist	the undersigned limited tered office or registered	
1. The name of the limit	ed liability company is:	JUPITER WO	RLDWIDE, LLC	To the term of the state of the	
2. The mailing address o	f the limited liability co	mpany is : 224	18 MERIDIAN BI	LVD #H	
MINDEN, NV 89423			· -		
10/29/2004		<u>N</u>	M04000004746		
3. Date of filing/registrat	ion in Florida	4.	Document num	ber	
5. The name of the regist Florida Department of	State:	tered office add	dress as shown or	n the records of the	
	Karen, Maller			:	
	1 Progress Plaza #	Name 1210		TAGE 9	
•		Address			
•	St. Petersburg, FL.	33701		F. 7	
	City,	State and Zip		CO CO	
6. The name and address	of the new registered ag	gent and/or offi	ce:	The P	
	Paracorp Incorpora			95.6	
	236 East 6th Ave	Name			
	Florida street address	(P.O. Box NO	T acceptable)		
	Tallahassee	FL 32303			
	City, St	tate and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are many the registered agent with the registered agent with the mited liability company at of the limited liability	ade, the Floridall be identical. change(s) was or as otherwise company.	a street address of Or, in the case o /were authorized	f the registered office f a Florida limited by an affirmative vote	
(Signature of a member or author	ized representative of a membe	r)		•	
(Printed or typed name of signee)	x94581				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered ag is of all statutes relative d accept the obligations this document is being f that the limited liabilit	gent and agree to the proper s of my position iled to merely i y company has	to act in this cap and complete per as registered as reflect a change i been notified in	acity. I further agree to formance of my auties, sent as provided for in n the registered office writing of this change.	
(Signature of Registered Agent)	Ninh Ho, As	H. Secreta	ary		

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