

MA7000000340

Colors on Parade
2860 Buford Highway
Suite E-101
Duluth, GA 30096

City/State/Zip Phone #

7/10 P/A Change

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MA7-340
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)
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-07/10/02--01040--007
*****25.00 *****25.00

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report
- Fictitious Name

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE
TALLAHASSEE FLORIDA
02 JUL 10 PM 1:29

FILED

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.

1. The name of the limited liability company is: JACKSONVILLE 5 LLC
2. The mailing address of the limited liability company is : 2800 BUFORD HWY., STE. E-101
DULUTH, GA 30090
3. Date of filing/registration in Florida 6/12/1997 4. Document number 197000000340

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

PAUL REYNOLDS
Name
6169 WINDLASS CIRCLE
Address
BOYNTON BEACH, FL 33437
City, State and Zip

6. The name and address of the new registered agent and/or office:

PHIL GROSSMAN
Name
6128 EDWARD ROAD
Florida street address (P.O. Box NOT acceptable)
MARGATE FL 33063
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

[Signature]
(Signature of a member or authorized representative of a member)

Lowell A. Smoker
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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