M99000001102

Premier Corporate Services, Inc.					
(Requestor's Name) ODD West Adams Street (Address)					
Sine 2007 (Address)					
Chicago, Minois 60606 (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARIES ES FLORIDA

3000

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provi. liability company subn	sions of sections 608.416 nits the following statemen tate of Florida.	or 608.508, F at in order to c	Florida Statutes, change its regist	the undersigned limited ered office or registered
-	nited liability company is:			
	s of the limited liability con			
c/o DLC Management C	orporation, 580 White Plains I	Road, Tarrytowr	n, NY 10591	
July 14, 1999		M	99000001102	
3. Date of filing/regist	ration in Florida	4.	Document numb	per
5. The name of the reg Florida Department	istered agent and the registe of State:	ered office add	iress as shown on	the records of the
•	CT Corporation System			
		Name	_	
	1200 S. Pine Island Roa			****
		Address		-100 Q
	Plantation FL 33324	State and Zip		PG =
(The manner and adding	•	•		HAR -8 AM 9:52
6. The name and addre	ess of the new registered age	ent and/or offi	ce:	15 B F
	NRAI Services, Inc.		•	二年 二
		lame		05 MAR -8 AM 9: 52 SECRETARION TALLAHASSEE, FLORIDA
	526 E. Park Avenue			SE ST
	Florida street address	(P.O. Box NO	T acceptable)	DA P
	Tallahassee	FT 32301		•
		ate and Zip	 	
confirmed that after the and the business office liability company, it is	company is not organized use change or changes are made of the registered agent will hereby confirmed that the paited liability company or a not of the limited liability company.	ide, the Florida l be identical. change(s) was	a street address of Or, in the case o /were authorized	f the registered office f a Florida limited by an affirmative vote of cles of organization or ts, LLC liability company
(Signature of a member or au	thorized representative of a member	*)	a Delawate Iimi By:	ted liability company, managing mem
	f JIT Package Partners, LLC,	member		Adam Ifshin Manager
(Printed or typed name of sig	•		An and the Alite	multan I Const
Car for	ppointment as registered ag sions of all statutes relative and accept the obligations if this document is being f irm that the limited liability	ent and agree to the proper of the proper of the position of the proper	to act in this cap and complete per n as registered as reflect a change i been notified in	acity. I jurther agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Age Anthony J. Alexander, A	nt)	_		
Div	ision of Corporations, P.0	D. Box 6327. T	Γallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)