P930000/3109

| (Requestor's Name) | |
|--|---|
| | |
| (Address) | _ |
| , | |
| | _ |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | _ |
| | |
| PICK-UP WAIT MAIL | |
| - -, - - | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Cartificat Canina Cartificator of Status | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | ٦ |
| | |
| | ļ |
| | |
| | |
| | |
| | |
| | ļ |
| | |

Office Use Only



200043516472

12/29/04--01031--010 **35.00

KAChange T. Lawis



LAW OFFICE

SADER & LeMAIRE, P.A.

A PROFESSIONAL ASSOCIATION

Robert L. Sader* Michael R. LeMaire

* Also admitted in Ohio (Inactive)

Via Federal Express

December 28, 2004

Secretary of State
Division of Corporations
Attention: Amendment Section
409 East Gaines Street
Tallahassee, FL 32399

Re: JJR INVESTMENT CORP., a Florida corporation

Dear Sir or Madam:

Enclosed please find a Statement of Change as to the Registered Agent for the above entity. A check for \$35 each are also enclosed. Please change your records accordingly.

- 10 (2007年) - 1

If you have any questions or comment, please feel free to call me.

Thank you for your attention to this matter.

Very truly yours,

Michael R. LeMaire, Esq.

Encls.

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--|--|
| SUBJECT: JJR INVESTMENT CORP. (Name of corporation) | | |
| DOCUMENT NUMBER: P93000013109 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| MICHAEL R. LeMAIRE (Name of contact person) | | |
| SADER & LeMAIRE, P.A. (Firm/Company) | | |
| 1901 W. CYPRESS CREEK ROAD SUITE 415 (Address) | | |
| FORT LAUDERDALE, FL 33309 (City/state and zip code) | | |
| For further information concerning this matter, please call: | | |
| MICHAEL R. LeMAIRE, ESQ. at (954) 776-7004 (Name of contact person) (Area code & daytime telephone number) | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 | | |

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingerial submitted for a corporation organized under the laws of the State of FLORIDA |
|--|--|
| | r to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of t | he corporation: JJR INVESTMENT CORP. |
| 2. The principal | office address: 6300 N.E. 1ST AVENUE, 3RD FLOOR, FORT LAUDERDALE, FL 33334 |
| 3. The mailing a | ddress (if different): |
| 4. Date of incom | poration/qualification: 02/19/1993 Document number: P93000013109 |
| | street address of the current registered agent and registered office on file with the timent of State: |
| , | CORPORATION INFORMATION SERVICES INC. |
| | 1201 HAYS STREET |
| | TALLAHASSEE, FL 32301 |
| 6. The name and (if changed): | TALLAHASSEE, FL 32301 Street address of the new registered agent (if changed) and /or registered office ROBERT L. SADER, ESQ. |
| | ROBERT L. SADER, ESQ. |
| | 1901 W. CYPRESS CREEK ROAD SUITE 415 |
| | (P.O. Box NOT acceptable) |
| | FORT LAUDERDALE, FL 33309 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change. |
| Ch | JEFFREY S. ROSCHMAN, DIRECTOR |
| | re of an officer or director) (Printed or typed name and title) |
| I hereby accept I further agree t of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of Lant familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| // | mature of Registered Agont) (Date) |
| | |
| n signing on be | half of an entity: |
| T) | yped or Printed Name) |

* * * FILING FEE: \$35.00 * * *