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EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MJMB, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Eisen, Esq.

Name of Person

Weisburd, Eisen & Possenti, P.A.

Firm/Company

2751 Executive Park Dr., Ste 104

Address

Weston, FL 33331

City/State and Zip Code

scotte@weisburd-eisen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Eisen

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Na	me of the limited liability company: MJMB, LLC				
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	3301 Washington Ave. Cooper City, FL 33026			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3301 Washington Ave. Cooper City, FL 33026			
7-17-200		L03000026144 4. Document number			
J. Dai	te of fining/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida D	ept. of S	tate:	
	Registered Agent:	Scott Eisen			
	Registered Office Address:	2751 Executive Park Dr.	Bar Chi	ests 1917	
		Suite 104		2	 ,
		Weston, FL 33331	Fig. 777 S	Ş	
(b)	Enter name of NEW Registered Agent and/or NEW	V Registered Office addr	ess:	చ - ఆ	1.1
	NEW Registered Agent:		711		7.
	NEW Registered Office Address:	2201 Weshington Ave		<u>ယ</u> 	
	(MUST BE FLORIDA STREET ADDRESS)	3301 Washington Ave. Cooper City		33026	
confirmand the liability the method the op	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a Fl was/were authorized by ar	registere lorida lim 1 affirma	d office nited tive vo	te of
	or typed name of signee	-			
	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po. er 608, F. Or if this document is being filed to mei ss, thereby confirm that the limited liability company re of registered Agent	gree to act in this capacity sper and complete perform sition as registered agent a rely reflect a change in the has been notified in writin	I furthe ance of r is provid register ng of this	er agree ny duti led for i led offic i chang	e to es, in :e :e.

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