

L09000068949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

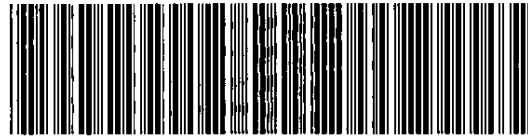
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. HAWKES

JUN 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2010

AARON HARA
201 EAST 87TH STREET APT 10K
NEW YORK, NY 10128

SUBJECT: AJH VENTURES LLC
Ref. Number: L09000068949

We have received your document for AJH VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00015481

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJH Ventures 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:

Aaron Hara
Name of Person

AJH Ventures LLC
Firm/Company

201 East 87th Street
Address
Apt. 10K
New York, NY 10128
City/State and Zip Code

AJ-Hara@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Hara at (917) 723-9507
Name of Person Area Code & Daytime Telephone Number

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

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. Name of the limited liability company: AJH Ventures LLC

2. (a) Principal office address of limited liability company: 201 East 87th Street
 (Note: **MUST BE STREET ADDRESS**) APT. 10K
New York, NY 10128

(b) Mailing address of limited liability company: 201 East 87th Street
 (Note: **MAY BE POST OFFICE BOX**) APT. 10K
New York, NY 10128
Change to mailing address only
NO Change to anything else

3. Date of filing/registration in Florida _____ 4. Document number _____

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: AARON HARA Aaron Hara
 Registered Office Address: 850 TOWNE CENTER DRIVE 201 East 87th Street
KISSIMMEE, FL 34759 APT. 10K
New York, NY 10128

JS
 SAME RA NAME + RA ADDRESS

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: _____
NEW Registered Office Address: _____
(MUST BE FLORIDA STREET ADDRESS) _____, FL _____

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
AARON HARA
 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
 FILING FEE: \$25.00