L130000 42836

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> ECRETARY OF STATE LLAHASSEE.FLORISA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GJ Family 1, LLC	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for	or filing.
Please return all correspondence concerning	this matter to the following:	2013 . SEC PALL
David Gonzalez		MALLAHASS
Name of Person		广 勒 " ^大
GJ Family 1, LLC		S.FL.GRI
Firm/Company		第一 5
3301 NE 1st Ave # H180)2	
Address		
Miami, FL 33137		
City/State and Zip Code		
davidgo81@gmail.com		
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter	er, please call:	
David Gonzalez	_{at (} 786 ₎ 797-1454	
Name of Person	Area Code & Daytime Telephone N	√umber
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 followin	g amount:	

■ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.	Nai	ne of the limited liability company: GJ Family 1, LLC					
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1060 Brickell Ave. Apt 2517 Miami Ft. 33131				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1060 Brickell Ave, Apt 2517 Miami FL 33131	TALL ALL	2013 JUL		
Ma	rch 21	, 2013	L13000042836	75 SA	15	F	
3.	Dat	te of filing/registration in Florida	4. Document number	11 (A)	聚	()	
5.	(a)	Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:				
		Registered Agent:	David Gonzalez				
R		Registered Office Address:	1060 Brickell Ave. Apt 2517, Miami FL 33131				
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :		<u>'ess</u> :			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3301 NE 1st Ave, Apt H1802				
			Miami	,. <u></u>			
uic	: ор /	imited liability company is not organized under the limed that after the change or changes are made, the Flee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	aws of the State of Florida orida street address of the orida. Or, in the case of a F was/were authorized by a se provided in the articles	i, it is he register lorida li n affirm of orgar	ereby ed offic mited ative vonization	ee ote of or	
		nzalez (or typed name of signee	.				
I l con an Cl ad	nere nply d I d apte dres	by accept the appointment as registered agent and a wwith the provisions of all statutes relative to the pro im familiar with and accept the obligations of my po- er 608. F.S. Or, if this document is being filed to me is, I hereby confirm that the limited liability company	gree to act in this capacity per and complete perform sition as registered agent o rely reflect a change in the has been notified in writi	I furth lance of as provi registe ng of th	her agre my dut ded for red offi is chang	ee to ies, in ce ge.	

Signature of Registered Agent