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15 MAR - 9 PH 1: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendme Division o	ent Section of Corporations	
SUBJECT:	AJO BUSINESS ADMIN	J, INC.
DOCUMENT NU	jmber: <u> </u>	5
The enclosed State	ement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to	the following:
-	ANIBAL ORT Name of Conta	17_ct Person
	Firm/Com	pany
	5500 SW 8th Addres	ST
		FL 33317 Zip Code
	Bolimanos E-mail address: (to be used for futu	TO GMAIL.COM ure annual report notification)
For further inform	nation concerning this matter, please cal	1:
A^ Na	me of Contact Person	at (954) 600-0289 Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2015

ANIBAL ORTIZ 5500 SW 8 ST PLANTATION, FL 33317

SUBJECT: A J O BUSINESS ADMIN, INC

Ref. Number: P08000092728

We have received your document for A J O BUSINESS ADMIN, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

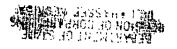
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 715A00004074

MADE CORRECTIONS NECESSARY



15 MAR - 9 PH 12: 48

BROKIASO

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AJO BUSINESS ADMIN
2. The principal office address: 5610 NW 49th AUE, TAMARAC, Ft 33319
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/14/2008 Document number: 08000092728
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
5610 NW Y9+1 AVE
TAMARAC, FL 33319
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): SECRETARY OF STAND PM STEED PM SECRETARY OF STAND PM ST
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of air officer or director ANIBAL ORTIZ FRES. Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Bate
If signing on behalf of an entity:
Tuned or Printed Name

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