

AI 000000878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

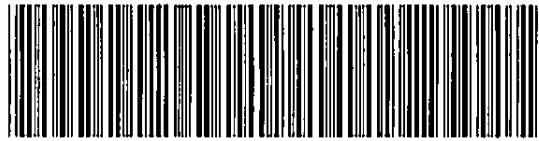
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALJAY HOLDINGS, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A11000000878

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

Please return all correspondence concerning this matter to:

PETER MERKLE

Contact Person

ALJAY HOLDINGS, LLLP

Firm/Company

1101 E. SAMPLE ROAD #118

Address

POMPANO BEACH, FL 33064

City, State and Zip Code

Merkortho@gmail.com

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

For further information concerning this matter, please call:

DARCI D'ELISEO at (954) 783-3723

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ALJAY HOLDINGS, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/20/2024

Date of filing/registration in Florida

3. A11000000878

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MORRIS LAW GROUP

Name

7000 W. PALMETTO PARK ROAD STE 205

Address

BOCA RATON, FL 33064

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

PETER MERKLE

Name

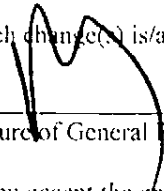
1101 E. SAMPLE RD #118

Florida street address (P.O. Box not acceptable)

POMPANO BEACH FL 33064

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner

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.



Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

2024 May 23 11:44:01