

A12000000838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

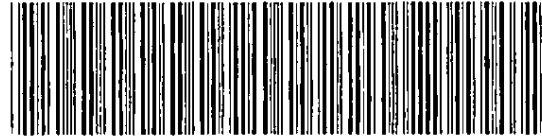
(Document Number)

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Certificates of Status \_\_\_\_\_

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2023 MAR 17 AM 10:33

FILED

RECEIVED  
2023 MAR 17 AM 10:40  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 591857 8401073

AUTHORIZATION :



COST LIMIT : \$ 35,000

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ORDER DATE : March 16, 2023

ORDER TIME : 9:0 AM

ORDER NO. : 591857-001

CUSTOMER NO: 8401073  
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CHANGE OF AGENT

NAME: AREJ HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AREJ, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A12000000838

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:

Joel B. Cutler

Contact Person

Law Offices of Joel B. Cutler

Firm/Company

515 East Penn Street

Address

Long Beach, NY 11561

City, State and Zip Code

jbcoffices@gmail.com

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

For further information concerning this matter, please call:

Joel B. Cutler

at ( 516 ) 859-4995

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**

2023 MAR 17 AM 10:31

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. AREJ, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/23/2012 3. A12000000838  
Date of filing/registration in Florida 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:

Julia N Perry  
Name  
1524 Argyle Drive  
Address  
Ft Myers, FL 33919  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

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

3-5-23

[Signature]  
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.*

Alexis Weiland-Sanson, ACP  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

2023 MAR 17 AM 10:31