

A9500001561
Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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**REGISTERED AGENT CHANGE
E&J CONSULTANTS LIMITED PARTNERSHIP**

Certificate of Status	0
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AUG 28 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E & J CONSULTANTS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000001561

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:

Norine Nagel
Contact Person
C T Corporation System
Firm/Company
8020 Excelsior Drive, Suite 200
Address
Madison, WI 53717
City, State and Zip Code
Norine.Nagel@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norine Nagel at (608) 527-7660
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

IN11S04 (01/06)

**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. E & J CONSULTANTS, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/12/1995 3. A95000001561
Date of filing/registration in Florida Florida document number

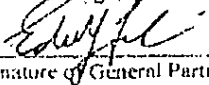
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MELVIN LENKIN
Name
1500 SOUTH OCEAN BLVD., #1001 SOUTH
Address
BOCA RATON, FL 33432
City, State and Zip

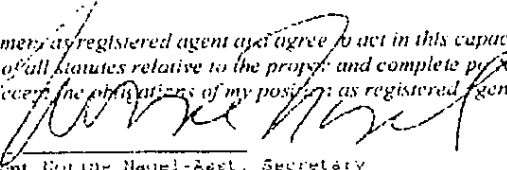
5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
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.
NRAI Services, Inc.


Signature of Registered Agent For the Registered Agent, Secretary

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

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