## L0000000197

(Re	questor's Name)								
CORPORATION GUARANTEE AND TRUST COMPANY 3331 STREET ROAD, SUITE 110 BENSALEM, PA 19020-2045 1-800-563-6131									
(City/State/Zip/Phone #)									
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SECRETARY OF STATE LLAHASSEE, FLORID

JUN 12 2015

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ame of the limited liability company: AJV REALTY	MAN	A(	JEMEN I	- FLORII	DA, L.L.C.
2.	(a)	620 Coles Mill Road	(	(b) 620 Colels Mill Road			
	(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del>-</del>	(-)		failing addre	ss of limited liability company:  Y BE POST OFFICE BOX)
		Haddonfield, NJ 08033	- -		Haddonfi	ield, NJ	08033
		January 3, 2000		L	-0000000	0197	
3.	•	Date of filing/registration in Florida	4.	_		Document	number
5	(a)	Edwin F. Blanton					·
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Flori	da I	Dept. of State:	:	
		Edwin F. Blantron					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(SS)</u>			
		810 Thomasville Road					
		Tallahassee, FL_	3230	3			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	<u>ddı</u>	'ess:		
		NEW Registered Office Address:					
		610 Summerbrooke Drive					
		Tallahassee, FL	32312	2			
the ag wa the	e cha ent w is/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of a member of a member.	he reg sility o the lis	giste con mit	ered office npany, it is ted liability	and the but hereby con- company	siness office of the registered nfirmed that the change(s)
I i pro the to	nerek ovisi obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	erforn	nai	nce of mv d	uties, and	Ther agree to comply with the I am familiar with and accept

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00