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<u>(</u> F	Requestor's Name)	
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PICK-UP	☐ WAIT ☐ MAIL	
	Business Entity Name)	
(Document Number)		
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COVER LETTER

SUBJECT: AJ Property Holdings	L.L.C.
Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Robert L. Ashton Name of Person	
AJ Property Holdings. L.L.C.	_
P.O. Box 4955 Address	_
Winter Park, FL 32793 City/State and Zip Code	_
9)propria@gmail.com E-mail address: (to be used for future annual report notific	_ . ,
	cation)
For further information concerning this matter, please call:	
Robert L. Ashton at (407 Name of Person) 492 - 7691 Area Code & Daytime Telephone Number
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

☐ \$55 Filing Fee & Certified Copy

S25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

Division of Corporations

TO:

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. Name of the limited liability company: AJ Property +	toldings, L.L.C.
•	1. Box 4955
	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Winter Park, FL 32792 Win-	ter Park, FL 32793
L00	000015436
3. Date of filing/registration in Florida 4. I	Document number
5. (a) Vanessa Simpson	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
7457 Aloma Ave Ste 301	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Winter Park, FL 32792	- 28
. FL	F-11-12020 JUH-2
, Flu	
(b) Robert L. Ashton	-2
Enter name of NEW Registered Agent and/or NEW Registered Office address:	3 [i]
BALLE	PH 2: 57
NEW Registered Office Address:	. =
171	
, FL	
If the limited liability company is not organized under the laws of the State of Florehange or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Va Ci	Vanessa Simpson Printed or typed name of signed
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my d the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered affice address, I hereby confirm that the notified in writing of this chapte.	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signature of Registered Agent	

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