105000025763

	(Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UF	P WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO: Registration Section Division of Corporations	`							
S.J.M. Perrine 11 C								
SUBJECT:Name of Limited Liability Company								
Dear Sir or Madam:								
Dear Sir Or Madain.								
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:							
Mike Blumenfeld								
Name of Person								
Firm/Company								
1 min company								
7425 Brookstone Circle								
Address								
Flowery Branch, GA 30542								
City/State and Zip Code								
mike@mikeandjan.com								
E-mail address: (to be used for future annua	al report notification)							
For further information concerning this matter, pl	lease call:							
Mike Blumenfeld	at ()							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327							
2661 Executive Center Circle	Tallahassee, Florida 32314							
Tallahassee, Florida 32301	· · · · · , · · · · · · · · · · · · ·							
Enclosed is a check for the following an	mount:							
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

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.

 Na 	ume of the limited liability company: S.J.M. Perring	e, LLC				
2. (a)	%Mike Blumenfeld	(_{b)} %Mike E	Blumenfeld		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
-	7425 Brookstone Circle	7425 Brookstone Circle				
	Flowery Branch, GA 30542	_	Flowery	Branch, G	4 305	42
	03/14/2005		L0500002	25763		
3.	Date of filing/registration in Florida	- 4.		Document n	umber	
5. (a)	Mike Blumenfeld					
). (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	::		
	9740 SW 148th. Street					
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>'S)</u>	•		
	Miami , FL	33176	3			
(b)	Jack R. Blumenfeld			* * * * * * * * * * * * * * * * * * * *	2016	a same
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- 170 	eg S	THE STATE OF THE S
	8355 SW 87th. Court				-S	
	NEW Registered Office Address:			RETARY OF STATE	D 2: 41	D
	Miami . FL	33173	3	A		
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the linited	istered office company, it is nited liability	e and the busi is hereby conf y company or ipany.	ness of irmed t	ffice of the registered that the change(s)
Signat	ture of a member or authorized representative of a member			Printed or type	d name	of signee
provisi the obli to mere not <u>ifie</u> a	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I id in writing of this change.	perform	nance of my a	duties, and L	am fam	illiar with and accept
<u> </u>	R Banaghal dolloop werified opposite the DT SYXH-MSGF-MP8I-PSOE re of Registered Agent					