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(Re	questor's Name)		-
(Ad	dress)		-
(Ad	dress)		-
(Cit	ry/State/Zip/Phone	#)	-
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ie)	-
(Do	ocument Number)		-
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		1





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COVER LETTER

TO: Registration Section Division of Corporations	
EJG, LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Eugene Greco	
Name of Person	
Firm/Company	
501 North Morgan Street, Suite 202	
Address	
Tampa, FL 33602	
City/State and Zip Code	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Eugene Greco 813	223-7849
Name of Person	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

Enclosed is a check for the following amount:

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	ime of the limited liability company: EJG, LLC							
2. (a)	501 North Morgan Street			(b) 501 North Morgan Street				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(°).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 202			Suite 202				
	Tampa, FL 33602	_	-	Tampa, F	L 33602			
	05/25/2005		L	05000051	983			
3.	Date of filing/registration in Florida	4.	_		Document number			
5. (a)	Bruce S. Goldstein							
J. (a)	Registered Agent and Registered Office shown on the records of the 500 E. Kennedy Blvd.	he Flori	da D	ept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>		_			
	Tampa ,FL	33602			- - 200			
(b)	Mac A. Greco III Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	() (fice :	ulde	* ***	FIL 7020 JUL 27 SECRETARA TALLAHA			
	501 North Morgan Street	vonice z	<u>1001</u>	<u>C.y</u> .	7 AHII: 43			
	NEW Registered Office Address:							
	Suite 200				ੇ ਜ਼ੋਂ ਨੇ -			
	Tampa, FL_	33602			_			
change agent was/w the art Signa I here provise the object to mer notifie	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. In the of Registered Agent	registe bility of the li limited	ered com mite I lia igen	office ar pany, it is ed liabili bility cor e Greco	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Printed or typed name of signee pacity. I further agree to comply with the			