

L05000082041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

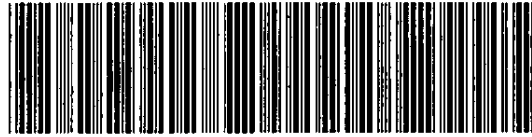
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJAM INVESTMENTS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jena Rissman Atlass, Esquire

Name of Person

Savage & Atlass, P.L.

Firm/Company

3999 Sheridan Street, Suite 200

Address

Hollywood, FL 33021

City/State and Zip Code

jatlass@savageatlass.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jena Rissman Atlass

Name of Person

at (954)

985-1005

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 608.416 or 608.508, 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.

2. (a) Principal office address of limited liability company: _____

(b) Mailing address of limited liability company: _____

L05000082041

4. Document number

Registered Agent: Craig D. Savage, Esq

Registered Office Address: 801 NE 167 Street
Suite 302
North Miami Beach, FL 33162

NEW Registered Agent: Savage & Atlass, P.L.

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

3999 Sheridan Street, Suite 200
Hollywood, FL 33021

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 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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00