L0500082041

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(Documentality)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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B. Tadlock DEC 22 2009

COVER LETTER

TO:	Registration Section Division of Corporations							
SUB.	JECT:AJA	M INV	M INVESTMENTS, LLC					
	Name of	f Limite	d Liabil	lity Co	mpany			
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered	Office	Change	and fe	ee(s) are	e submitted for filing.		
Pleas	e return all correspondence concerning	ng this m	natter to	the fo	ollowing	3:		
	Jena Rissman Atlass, Esq	uire						
	Name of Person							
	Savage & Atlass, P.L.							
	Firm/Company							
	3999 Sheridan Street, Suite Address	200		_				
	Hollywood, FL 33021 City/State and Zip Code			_				
I	jatlass@savageatlass.co E-mail address: (to be used for future annual repor	m 1 notificati	on)	_ _				
For f	urther information concerning this ma	itter, ple	ase call	l:				
	Jena Rissman Atlass	at (_	954)		985-1005		
	Name of Person			Area Co	ode & Day	time Telephone Number		
	STREET/COURIER ADDRESS:		MA	AILING	G ADDI	RESS:		
	Registration Section Registration Section							
Division of Corporations Clifton Building 2661 Executive Center Circle Division of Corp P.O. Box 6327 Tallahassee, Flor					rations			
					ła 32314			
	Tallahassee, Florida 32301		1 41	14114550	.c, Pioric	14 J2J14		
	Enclosed is a check for the follow	ing am	ount:					
	\$25 Filing Fee		□ \$:	55 Filii	ng Fee	& Certified Copy		

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

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.

Name of the limited liability company:	AJAM INVESTMENTS, LLC				
2. (a) Principal office address of limited liability com	pany:				
(Note: MUST BE STREET ADDRESS)					
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
08/18/2005	L05000082041				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shows	on the records of the Florida Dept. of State:				
Registered Agent:	Craig D. Savage, Esq				
Registered Office Address:	801 NE 167 Street				
	Suite 302 North Miami Beach, FL 33162				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Savage & Atlass, P.L.				
NEW Registered Office Address:	3999 Sheridan Street, Suite 200				
(MUST BE FLORIDA STREET ADDRESS)	Hollywood ,FL33021				
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	the laws of the State of Florida, it is hereby he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.				
Signature of a member or authorized representative of a member					
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of many Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nnd agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in morely reflect a change in the registered office upony has been notified in writing of this change.				
Signature of Registered Agent	, J				