## L05000/20/66

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

Office Use Only



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September 23, 2014

MARIE HAUER MANAGER AGENT SERVICES 111 8TH AVENUE, 13TH FLOOR NEW YORK, NY 10011

SUBJECT: JRJ RECEIVABLES, LLC

Ref. Number: L05000120166

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 614A00020444





October 16, 2014

Department of State
Att: Brenda Tadlock
Division of Corporations, Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS FOR JRJ RECEIVABLES, LLC

Dear Ms. Tadlock,

NRAI Services, Inc. provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: 515 E. Park Avenue, Tallahassee, FL 32301 to:

NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

Enclosed is our check for \$25.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

National Registered Agents, Inc.

Marie Hauer, Manager Agent Services 111 8<sup>th</sup> Avenue, 13<sup>th</sup> Floor New York, NY 10011 marie.hauer@wolterskluwer.com

Fax: (631) 752-9200

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	JRJ RECEIVABLES, LLC				
50101		ne of Limited Li	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Marie	e Hauer				
	Name of Person	<u> </u>			
СТС	Corporation System				
	Firm/Company		<b></b>		
111 8	Sth Avenue, 13th Floor				
	Address		_		
New	York, NY 10011				
	City/State and Zip Code				
E	E-mail address: (to be used for future ann	ual report notif	ication)		
For fur	rther information concerning this matter,	please call:			
Marie	e Hauer	212	894-8504		
	Name of Person		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	<b>□</b> \$5	55 Filing Fee & Certified Copy		
INHS1	8 (2/14)				

## 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. N	Name of the limited liability company:	ABLES, LI	LC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	12/19/2005  Date of filing/registration in Florida	<u>L0</u>	05000120166  Document number
5. (a	Registered Agent and Registered Office shown on the records of the NRAI Services, Inc.  Registered Office Address  6 MUST BE FLORIDA STREET A STATE OF THE PROPERTY AND THE PROP	the Florida De	Dept. of State:
(b)	Tallahassee, FL  Enter name of NEW Registered Agent and/or NEW Registered		
	NEW Registered Office Address: 1200 South Pine Island Road		
	Plantation , FL	33324	
the clagent was/v	limited liability company is not organized under the laving ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register ability comp of the limited	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
I her provi the oil to me notifi	nature of a member or authorized representative of a member sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I have been writing of this change.  Division of Corporations • P.O. I	performanc d för in Cha hereby conf	nce of my duties, and I am Jamiliar with and accept uapter 605, F.S. Or, if this document is being filed ufirm that the limited liability company has been

**FILING FEE: \$25.00** 

INHS18 (2/14)