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



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2013 SEP 12 PH 2: 48

B. BJSTICK
SEP 1 3 2013
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ESS ENTERPRESES 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: |
| JOHN J. SCELFO Name of Person |
| EJS ENTERPRISES LLC Firm/Company |
| ANSONEA STATION, P.O. BOX 230412 |
| $\frac{\text{AY} / \text{NY} / 0023}{\text{City/State and Zip Code}}$ |
| SCELFO JOHNG YAHOU. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| JOHN J. SCELFO at 917 951 -3968 Name of Person at 917 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 \$\square\$ \$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 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.

| 1. Name of the limited liability company: _FJ5_ | ENTERPRESES LLC | |
|--|---|--|
| 2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | Y: 1440 PUTUCIANA PLACE APT III FURT LAUDERDALE, FL 33324 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | ANSUNIA STATION P.O. BOX 230412 NY, NY 10023 | |
| $\frac{\text{JUNE}}{\text{3. Date of filing/registration in Florida}}$ | <u>L060000 58 38 1</u> 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | JOHN J. SCELFO | |
| Registered Office Address: | 9440 POINCIANA PLACE APT III FORT LAUDERDALE, FL 33324 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| <u>NEW</u> Registered Agent: | JOHN J. SCELFO | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | C/ ANDREW DETTUE, ACADEA RIE PRUS 4325 N. OCEAN DREUE LAUDERDALE-BY-THE-SEA, FL 33308 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member TOHN Printed or typed name of signee | ise provided in the articles of organization or | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the objections of my po Chapter 608, F.S. Or of this document of being filed to me address, I hereby confirm that the limited Kability compan | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y 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

INHS18 (05/08)