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COVER LETTER

TO: Registration Section Division of Corporations	
	
SUBJECT: S.E.J. LLC	11112
(Name of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
	<u>-</u>
Please return all correspondence concerning this i	natter to the following:
Toni P. Dose Esa	
Toni B. Ross, Esq. (Name of Person)	
(Number of Telson)	
BENNETT & ROSS, P.A.	
(Firm/Company)	
(
621 NW 53rd Street, Suite 240	
(Address)	
Boca Raton, FL 33487	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
71	
Toni Ross at (561 210-5643
(Name of Person)	(Area Code & Daytime Telephone Number)
,	, ,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
≥ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

Pursuant to the provisi- liability company submi agent, or both, in the Sta	its the following si	08.416 or 608.508, Florida Statutes tatement in order to change its regi.	s, the undersigned lin stered office or regist	nited tered
1. The name of the limit	ted liability compa	iny is: S.E.J. LLC		·
2. The mailing address	of the limited liabi	lity company is : 980 N. Federal High	rway, Suite 22	
Boca Raton, Florida 3343	2			·
October 13, 2006		L060001000315		
3. Date of filing/registra	tion in Florida	4. Document num	nber	
5. The name of the regis Florida Department of		e registered office address as shown of	on the records of the	
	Jarred Elmar			
		Name		
	8709 Sandy Cr	est Lane		
		Address		_
	Boynton Beach		0	ξ.,
		City, State and Zip	7,	2 <u>E</u>
6. The name and address	of the new registe	ered agent and/or office:)III -	22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24
	Jarred Elmar		Ν.	
		Name	2	
	980 N. Federal I	Highway, Suite 224	$\dot{\wp}$	
	Florida street a	ddress (P.O. Box NOT acceptable)	Ē	
	Boca Raton,	FL 33432	<u>*-</u> -	
		City, State and Zip	· 	
confirmed that after the cand the business office o liability company, it is he	change or changes of the registered age ereby confirmed the mited liability contract of the Himited liability.		of the registered offic of a Florida limited d by an affirmative vo	ote
Toni B. Ross, Esq.				
(Printed or typed name of signed	•			
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	ns of all statutes r nd accept the oblig this document is t n that the limited l	ered agent and agree to act in this ca elative to the proper and complete pe gations of my position as registered a peing filed to merely reflect a change lability company has been notified in	pacity. I further agre erformance of my duti igent as provided for in the registered offic i writing of this chang	e to ies, in ce ge.
9		B	22214	
Divisi		ns, P.O. Box 6327, Tallahassee, FL ILING FEE: \$25.00	32314	