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(Requestor's Name) (Address) (Address)	900407796899
(City/State/Zip/Phone #)	05/01/2301020012 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2023 HAY - 1 PH
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COVER LETTER

TO: Registration Section Division of Corporations					
NJP Enterprises LLC SUBJECT:					
	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	to the following:				
Nicholas Parrinello					
Name of Person					
NJP Enterprises					
Firm/Company					
607 W Horatio St	2023 TA				
Address					
Tampa, FL 33606	· · · · · · · · · · · · · · · · · · ·				
City/State and Zip Code					
nick.parrinello@gmail.com					
E-mail address: (to be used for future annual report	t notification)				
For further information concerning this matter, please ca	11:				
Nicholas Parrinello 81.	3 469-5602				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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.

(a)	607 W Horatio St		(b) PO Box 3	320793			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)				
	Tampa, FL 33606		Tampa, F	L 33679			
	2/8/2007		L07000014	1543			
	Date of tiling/registration in Florida	4.		Document nu	umber		
(a)	Nicholas Parrinello						
(47	Registered Agent and Registered Office shown on the records o 15343 Amberly Dr	of the Flor	da Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREE)	<u>TADDRE</u>	<u>\$\$}</u>	_		2023 113	- "
	Tampa F	33647			••	1	
(b)	Nicholas Parrinello				, 1	-0-	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office :	address:		••	 	-
	607 W Horatio St				• : •	5	
	<u>NEW</u> Registered Office Address:						
	Tampa F	5L 33606					
iange gent w as/we	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	e registe liability (of the li	red office ar company, it i mited liabilit	nd the business is hereby confi ty company or	s office of the that t	he regis he char	tered (ge(s)
	ZITA	N	cholas Parrine	ello			
Signat	ure of a member or authorized representative of a member			Printed or type	d name of sig	nee	

Thereby 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 605, 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

gnature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00