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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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B. KOHR

AUG 23 2012

EXAMINER



500219532995

08/24/12--01002--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporati	ons
SUBJECT:	AJE 3138-3190 PONCE, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Age	ent/Registered Office Change and fee(s) are submitted for filing
Please return all corresponde	ent/Registered Office Change and fee(s) are submitted for filing and fee concerning this matter to the following:
PATRICK	L. DORSY
Name of	· · · · · · · · · · · · · · · · · · ·
Firm/Co	mpany
8500 SW 8	Street, #228
Addic	55
MIAMI,	FL 33144
City/State and	d Zip Code
aje47@h E-mail address: (to be used for f	otmail.com uture annual report notification)
For further information conc	erning this matter, please call:
Patrick L. Dor	sy at (305) 898-8183
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER	ADDRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporation	
Clifton Building 2661 Executive Center	P.O. Box 6327
Tallahassee, Florida 32	·
Enclosed is a check	for the following amount:
\$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 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:	AJE 3138-3190 PONCE, LLC	_	
2. (a) Principal office address of limited liability com	ppany: A. Ehrenhaft	_	
(Note: MUST BE STREET ADDRESS)	3601 Toledo Street Coral Gables, FL 33134). 	
(b) Mailing address of limited liability company:	SAME E	(T)	
(Note: MAY BE POST OFFICE BOX)	SAME SAME	03.80	
09/24/2007	SAME L07000097061	7	
3. Date of filing/registration in Florida	4. Document number 5	•	
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept. of State:		
Registered Agent:	Barry A. Nelson	-	
Registered Office Address:	2775 Sunny Isles Blvd Suite 118 North Miami Beach, FL 33160	• •	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:		
NEW Registered Agent:	Patrick L. Dorsy	-	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8500 Style Street 8 5 00 SW 8 S Suite 228 Miami, ,FL 33144	f .	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of amember Printed or typed name of signee I hereby 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 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address, Thereby confirm that the limited liability company 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