

L07000122802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

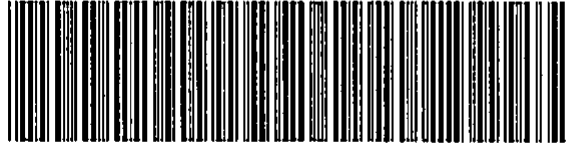
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GJF CONSULTING 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:

Gary J. Faysash

Name of Person

GJF Consulting LLC

Firm/Company

232 Farrington Ave SE

Address

Atlanta, GA 30315-1955

City/State and Zip Code

gjfconsulting@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary J Faysash

at (561) 665-1711

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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.

Name of the limited liability company: GJF CONSULTING LLC

(a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

232 Farrington Ave SE

Atlanta, GA 30315-1955

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

232 Farrington Ave SE

Atlanta, GA 30315-1955

12/10/2007

Date of filing/registration in Florida

4.

1.07000122802

Document number

(a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Gary J Faysash

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7750 Solimar Circle

Boca Raton, FL 33433

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

David A Faysash

NEW Registered Office Address:

30547 Norseman Pl.

Wesley Chapel, FL 33545

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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.

Gary J Faysash
Signature of a member or authorized representative of a member

Gary J Faysash

Printed or typed name of signee

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 605, F.S. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David A Faysash
Signature of Registered Agent