L08000039941

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
0						
Special Instructions to Filing Officer:						

Office Use Only



400157339974

06/23/09--01065--017

32.00 €6.55±

09 JUN 23 AM IO: 30
SECRETARY OF STATE
SECRETARY OF STATE

N. Cumpan JUN 2 4 2009

COVER LETTER

IU:	Registration Section						
	Division of Corporat	ions					
SUBJ	SUBJECT: TJ & NV Enterprises LLC						
		Name of l	Limite	l Liabil	ity Con	npany	
Dear	Sir or Madam:						
The e	nclosed Registered Ag	ent/Registered (Office (Change	and fee	e(s) are submitted for filing.	
Please	e return all corresponde	ence concerning	this m	atter to	the fol	lowing:	
	Nic '	√aillette			_		
	Name o	f Person					
	Pristine Law Firm/Co	n Managemen	ıt		<u> </u>		
	10702 Ho	od Rd, ste 7					
	Auu	Çaa					
	Jacksonv	lle FL 32257			_		
	City/State a	nd Zip Code					
E	pristineImn -mail address: (to be used for	ic@gmail.com	notificatio	on)	_		
For fu	urther information cond	erning this matt	ter, ple	ase call	•		
	Nic Vaillette	Э	at (904)	838-2868	
	Name of Person				Area Cod	e & Daytime Telephone Number	
	STREET/COURIER Registration Section Division of Corporatio Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32301						
	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:	TJ & NV Enterprises LLC			
2. (a) Principal office address of limited liability compa	9360 Craven Rd, #801			
(Note: MUST BE STREET ADDRESS)	Jacksonville FL 32257			
(b) Mailing address of limited liability company:	9360 Craven Rd, #801			
(Note: MAY BE POST OFFICE BOX)	Jacksonville FL 32257			
5/19/2008	L08000039941			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of				
Registered Agent:	Nic Vaillette			
Registered Office Address:	9360 Craven Rd, #801 AFT 23 Jacksonville FL 32257 SS 33 J			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address: FLORID 30			
NEW Registered Agent:	Nic Vaillette			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10702 Hood Rd suite 7 Jacksonville ,FL32257			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other than the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Nic Vaillette Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the land I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compositions of the limited liability compositions of the limited liability compositions.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization ny.			
Signature of Registered Agent				

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

FILING FEE: \$25.00