. (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
٧		
SUBJECT: MJLJ INVESTMENTS, LI	LC e of Limited Liability Company)	
`	1 3/	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Lew Friedland		
(Name of Person)		
Jireh, Inc.		
(Firm/Company)		
P. O. Box 1608		
(Address)		
Tarpon Springs FL 346	88-1608	
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Marilyn Williams	at (727) 942-2591 Ext. 229	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ving amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

• . . 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.

i: Name of the limited liability company: MJLJ INVEST	MENTS, LLC	_
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 43309 U.S. Highway 19 N Tarpon Springs FL 34689	- -
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P. O. Box 1608 Tarpon Springs FL 34688-1608	- -
May 29, 2008 3. Date of filing/registration in Florida	L08000053622 Pg 4. Document number N	SECRET
• •	*******	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	Jac
Registered Agent:	Peter A. Rivellini	امری برد اردی مند -
Registered Office Address:	Johnson, Pope, Bokor, Ruppel & Bu 911 Chestnut Street Clearwater FL 33756	rns, LLI
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	
NEW Registered Agent:	Lew Friedland	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	43309 U. S. Highway 19 N Tarpon Springs FL 34689	- -
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. The again R. Hall (Signature of a number or authorized representative of a member)	aws of the State of Florida, it is hereby confir address of the registered office and the busings of a Florida limited liability company, it is an affirmative vote of the members of the limited liability company.	ness s imited
Margaret R. Gills (Printed or typed name of signee) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the nmited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, as registered agent as provided for in Chapte) and I er 608,

(Signature of Registered Agent)

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