

L09000034955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

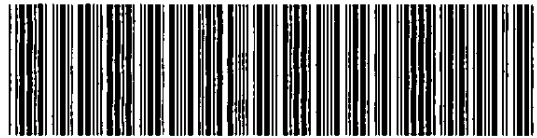
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. LEWIS
APR 28 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANJACK ENTERPRISES, L.L.C
(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:

VALENTINE JACKMAN

(Name of Person)

MANJACK ENTERPRISES, LLC

(Firm/Company)

1116 CASTLEWOOD TERRACE ,APT 208

(Address)

CASSELBERRY, FLORIDA 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

VALENTINE JACKMAN

(Name of Person)

at (917) 586-3802

(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 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: MANJACK ENTERPRISES, L.L.C +

2. (a) Principal office address of limited liability company: 1116 CASTLEWOOD TERRACE, APT 208 +
(Note: MUST BE STREET ADDRESS)
CASSELBERRY, FL 32707 +

(b) Mailing address of limited liability company: 1116 CASTLEWOOD TERRACE, APT 208 +
(Note: MAY BE POST OFFICE BOX)
CASSELBERRY, FL 32707 +

4/10/09 3. Date of filing/registration in Florida H09000085276 L09000034955 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: VALENTINE JACKMAN
Registered Office Address: 1116 CASTLEWOOD TERRACE, APT 208
CASSELBERRY, FL 32707 +

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: _____
NEW Registered Office Address: 1116 CASTLEWOOD TERRACE
(MUST BE FLORIDA STREET ADDRESS)
CASSELBERRY FL 32707 +

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.

Valentine Jackman
(Signature of a member or authorized representative of a member)

VALENTINE JACKMAN
(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 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.

Valentine Jackman
(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA