110000032207

| | (Requestor's Name) |
|---------------------|--------------------------|
| | • |
| | (Address) |
| | · |
| | (Address) |
| | |
| · : | (City/State/Zip/Phone #) |
| PICK-L | JP WAIT MAIL |
| | • |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | ns to Filing Officer: |
| | |
| | A. LUNT |
| | AUG 1 0 2010 |
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COVER LETTER

| FO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: ELN | NAJI FLETCHER LLC. |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| | • |
| he enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to the following: |
| | |
| BASHAR ELNAJI | |
| Name of Person | |
| | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| ELNAJI FLETCHER LLC | AUG CAHA |
| Firm/Company | in the second se |
| | e e e e e e e e e e e e e e e e e e e |
| 2000 E. ELETOLIED AVE | |
| 2222 E. FLETCHER AVE | |
| | |
| :**** TAMPA EL 22642 | |
| TAMPA, FL 33612 City/State and Zip Code | |
| Only want and any odds | |
| DQFLETCHER12854@AOL. | COM |
| E-mail address: (to be used for future annual report | notification) |
| | |
| or further information concerning this mat | ner, piease call: |
| | |
| BASHAR ELNAJI | at (727) 253-1055 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the followi | ng 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.

| 1Name of the limited liability company: | ELNAJI FLETCHER LLC. |
|--|---|
| 2. (a) Principal office address of limited liability com | pany: |
| (Note: MUST BE STREET ADDRESS) | 2618 W. GRAND RESERVE CIR. CLEARWATER, FL 33647 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | |
| | 74. |
| 03/23/2010 | L10000032207 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: |
| Registered Agent: | JEFFRIES, DAVID M |
| Registered Office Address: | 1227 N FRAKLIN STREET 5 5 TAMPA FL 33602 |
| NEW Registered Office Address: | BASHAR ELNAJI |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2222 E. FLETCHER AVE. TAMPA ,FL33612 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | the laws of the State of Florida, it is hereby the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany. |
| BASHAR ELNAJI | <u> </u> |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability com | nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany 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