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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 0 2012

EXAMINER

COVER LETTER

Division of Corporations		
,		
CUDIECT.	TAIL	J MULTISERVICES LLC
SUBJECT:		f Limited Liability Company
	Name of	Elimied Elabrity Company
Dear Sir or Mada	m:	
	•••	
The enclosed Reg	sistered Agent/Registered	Office Change and fee(s) are submitted for filing.
,		
Please return all c	orrespondence concerning	g this matter to the following:
	TEMITOPE EPOYUN	•
Name of Person		
, ;, :		
<u>`` ` TA</u> 、	<u>JJ MULTISERVICES LI</u>	<u>LC</u>
ृत्येक्ट्रीयूर्वभाषः 🕻 🖰	very Firm/Company a to Phone.	State Control of the State Con
, 1141 A	r, emilionist	
	T OAKLAND PARK BL	VD. #209 (1935) - 1 194141 (1935)
	Address	
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. *•		
 	SUNRISE, FL 33351	, , , , , , , , , , , , , , , , , , ,
	City/State and Zip Code	
•		
TE	POYUN@YAHOO.CO to be used for future annual report	OM
E-man address: (to be used for future annual report	t notification)
For further inform	nation concerning this ma	atter, please call:
	U	**
	OPE EPOYUN	at (954)8853889
Nar	me of Person	Area Code & Daytime Telephone Number
STREET/	COURIER ADDRESS:	MAILING ADDRESS:
Registratio		Registration Section
Division of	f Corporations	Division of Corporations
Clifton Bu	ilding	P.O. Box 6327
		Tallahassee, Florida 32314
Tallahassee	e, Florida 32301	
Enclosed is a check for the following amount:		
,我们就是一个大大,我就不是这些人,我是我们就是这个严重的。""我们的"TTT"。		
✓ \$25 Fil	ing Fee	\$55 Filing Fee & Certified Copy

* TO: Registration Section

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.

Name of the limited liability company:	TAJJ MULTISERVICES LLC
2. (a) Principal office address of limited liability compa	any: 14187 SW 31ST STREET
(Note: MUST BE STREET ADDRESS)	MIRAMAR, FL 33027
(b) Mailing address of limited liability company:	14187 SW 31ST STREET
(Note: MAY BE POST OFFICE BOX)	MIRAMAR, FL 33027
09/24/2010	L10000099965
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of the Florida Dept.
Registered Agent:	TEMITOPE EPOYUN
Registered Office Address:	14187 SW 31ST STREET O
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7800 WEST OAKLAND PARK BLVD.
(MOOT DE L'EGILDITGIAEET AEDALESS)	SUNRISE ,FL33351
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 ideliability company, it is hereby confirmed that the change of the members 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	ne laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.
TEMITOPE EPOYUN	
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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability completed.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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