110000111321

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

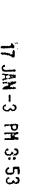


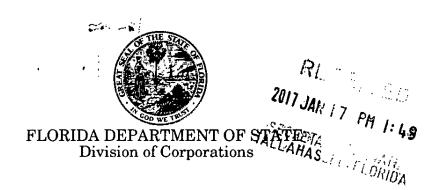
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S. YOUNG

JAN 1 7 2017 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA





January 4, 2017

BARRY ABRAHAM BJA ENTERTAINMENT LLC 6135 NW HELMSDALE WAY PORT SAINT LUCIE, FL 34983

SUBJECT: BJA ENTERTAINMENT, LLC

Ref. Number: L10000111321

We have received your document for BJA ENTERTAINMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00000116

COVER LETTER

Division of Corporations	•
SUBJECT: BJA Entertainment LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Barry Abraham	
Name of Person	garanteeling and the Process of Regions
BJA Entertainment LLC	
Firm/Company	
6135 NW Helmsdale Way	_
Address	
Port Saint Lucie, FL 34983	
City/State and Zip Code	
brickwaymarketing@gmail.com	ç
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
BARRY ABRAHAM	772 905-7600
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 following amou	nt:
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company:			
2. (a)	BJA Entertainment LLC	(b)		
2. (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6135 NW Helmsdale Way			
	Port Saint Lucie, FL 34983			
		L10	0000111321	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Barry Abraham			
5. (a)	Registered Agent and Registered Office shown on the records of	t, of State:		
	BJA Entertainment LLC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	,	
	496 NW Dover Court		•	
	Port Saint Lucie	_34983	-4°. 77.	
(b)	Barry Abraham	***************************************	JAN	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	CRETAR LAHASS	
	BJA Entertainment LLC		8 55 60 60 60 60 60 60 60 60 60 60 60 60 60	
	NEW Registered Office Address:			
	6135 NW Helmsdale Way		53 STATE (
	Port Spint Lucio	24002	•	
	Port Saint Lucie , F	_L 34983		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members icles of organization of the operating agreement of the	of the registere liability compa of the limited e limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.	
		Barry A	Abraham	
_	ture of a member or authorized representative of a member		Printed or typed name of signee	
I here provisi the obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, is d in writing of this change.	gree to act in t e performance ed for in Chap I hereby confi	inis capacity. I jurther agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	

Signature of Registered Agent