

L11000009960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

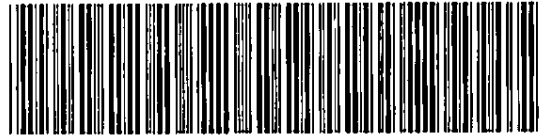
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100337300101

11/25/19--01017--025 **25.00

FILED
2020 JAN 17 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2020

DAVID JAMES
5495 S ORNAGE BLOSSOM TRL
ORLANDO, FL 32839

SUBJECT: AJ USA HOLDINGS, LLC
Ref. Number: L11000009960

We have received your document for AJ USA HOLDINGS, 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 720A00000260

2020 JAN 17 AM 11:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJ USA Holdings, LLC

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:

David A James

Name of Person

AJ USA Holdings, LLC

Firm/Company

5495 S. Orange Blossom Trail

Address

Orlando, FL 32839

City/State and Zip Code

lisa@floridadolphintours.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Landman

at (407)

352-4646

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 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 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. Name of the limited liability company: AJ USA Holdings, LLC

2. (a) 5495 S. Orange Blossom Trail, Orlando, FL (b) same

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5495 S. Orange Blossom Trail

Orlando, FL 32839

1/25/11

L11000009960

3. Date of filing/registration in Florida

4. Document number

5. (a) Paulus Law, PL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

200 S. Orange Ave., Orlando, FL 32801

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

200 S. Orange Ave

Orlando, FL 32801

(b) Patty Mason

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1003 Nathan Ridge Road, Clermont, FL 34715

NEW Registered Office Address:

1003 Nathan Ridge Road

Clermont, FL 34715

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.

[Signature]
Signature of a member or authorized representative of a member

David A James

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 605, 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.

[Signature]
Signature of Registered Agent

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

FILED
2020 JAN 17 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL