## 11000040280

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
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## COVER LETTER

Division of Corporations	
HOJOJR ENTERPRISES, L	LC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
JOSEPH R PURSELL SR	
Name of Person	· <del></del>
HOJOJR ENTERPRISES, LLC	
Firm/Company	<del></del> _
714 E MAPLE ST	
Address	
ARCADIA, FL 34266	
City/State and Zip Code	<del></del>
ablewrecker@gmail.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter.	please call:
JOSEPH R PURSELL SR	863 494-5762
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:
S25 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.

l. Na	me of the limited liability company: HOJOJR ENT	TERPRISES, L	LC
2. (a)	MARY JENNINGS	(b) JOSE	PH R PURSELL SR
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11608 SW 143 ST	11608	SW 143 ST
	ARCHER FL 32618	ARCH	ER FL 32618
	04/04/2011	L11000	0040280
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MARY JENNINGS		
). (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	
	Registered Office Address IMUST BE FLORIDA STREET.  11608 SW 143 ST	ADDRESS)	SECRETARY SECRETARY
	ARCHER , FL	32618	ETARASSI ELARASSI
(b)	JOSEPH R PURSELL SR		RY OF STATE
( ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	NEW Registered Office Address:		
	714 E MAPLE ST		<del></del>
	ARCADIA , FL	FL 34266	
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered off ability company, of the limited liab limited liability o	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Signat	tupe of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in this c performance of n d for in Chapter ( hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been