## 211000071660

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               |             |
| (City/State/Zip/Phon                    | e #)        |
| PICK-UP WAIT                            | MAIL        |
| (Business Entity Nar                    | me)         |
| (Document Number)                       |             |
| Certified Copies Certificates           | s of Status |
| Special Instructions to Filing Officer: |             |
| A. L                                    | UNT         |
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| EVALA                                   | 14.1        |

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**EXAMINER** 

Office Use Only

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT:Name   | MJFJ TEAM 24 LLC of Limited Liability Company   |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Register   | red Office Change and fee(s) are submitted for filing.  |
| Please return all correspondence concern   | ning this matter to the following:  |
| Benjamin Schiff  |   |
| Name of Person   |   |
| ·  |   |
| Firm/Company   |   |
|  | HAAR HAAR HAAR HAAR HAAR HAAR HAAR HAAR   |
| 1901 Harrison St   | AHASSEE, FLOR   |
| Address  | C. FL.  |
|  |   |
| Hollywood, FL 3302   | 0 10A 5   |
| City/State and Zip Code  |   |
| joslainej@gmail.con<br>E-mail address: (to be used for future annual re  | n<br>port notification)   |
| For further information concerning this  | natter, please call:  |
| Benjamin Schiff  | at ( 954 ) 921-6431   |
| 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 follo  | owing 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.

| ·   |   |  |
|---|---|--|
| Name of the limited liability company:  | MJFJ TEAM 24 LLC  |  |
| 2. (a) Principal office address of limited liability company  | 1068 Benoist Farms 🦝 # 204  |  |
| (Note: MUST BE STREET ADDRESS)  | West Palm Beach, FL 33411   |  |
| (b) Mailing address of limited liability company:   |   |  |
| (Note: MAY BE POST OFFICE BOX)  | 1068 Benoist Farms Rd # 204<br>West Palm Beach, FL 33411  |  |
| 06/20/2011  | L11000071660  |  |
| 3. Date of filing/registration in Florida   | 4. Document number  |  |
| 5. (a) Registered Agent and Registered Office shown on t  | he records of the Florida Dept. of State:   |  |
| Registered Agent:   | BERTHELOT, JEAN HERVEY  |  |
| Registered Office Address:  | 780 NE 69 St., #307 Miami, FL 33138   |  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>   | V Registered Office address: SSRY   |  |
| NEW Registered Agent:   | MORENCY, JEAN ROBERTS   |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | West Palm Beach FL 33 41  |  |
| 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 of a member or authorized representative of a member  | -   |  |
| Benjamin Schiff Printed or typed name of signee   | -   |  |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company   | gree to act in this capacity. I further agree to<br>per and complete performance of my duties,<br>ition as registered agent as provided for in<br>ely reflect a change in the registered office<br>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