

# L 12000051984

(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



000246338770

04/03/13--01006--010 \*\*25.00

RECEIVED  
SECRETARY OF STATE  
OFFICE OF REGISTRATIONS  
2119 APR -3 AM 11:13  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
13 APR -3 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 4 2013

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        **MICHELE HOLDEN**

**DATE:**            **04/03/2013**

**REF. #:**           **8723335**

**CORP. NAME:**   **GJP CONSULTING LLC**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                       |   |  |
| <input checked="" type="checkbox"/> OTHER:      CHANGE OF REGISTERED AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** **70000675** **FOR \$** **25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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.*

1. Name of the limited liability company: GJP CONSULTING LLC

2. (a) Principal office address of limited liability company: 3150 N HIGHWAY A1A

**(Note: MUST BE STREET ADDRESS)**

#601

FORT PIERCE, FL 34949

(b) Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

3150 N HIGHWAY A1A

#601

FORT PIERCE, FL 34949

04/17/2012

3. Date of filing/registration in Florida

L12000051984

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address:

13302 WINDING OAK COURT

SUITE A

TAMPA, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

NRAI SERVICES, INC.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

1200 SOUTH PINE ISLAND ROAD

PLANTATION

, FL 33324

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.

*Michele Holden*

Signature of a member or authorized representative of a member

MICHELE HOLDEN, AUTHORIZED PERSON

Printed or typed name of signer

*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 608, 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.*

*Michele Holden, Asst. S.A.*

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00