L12000052367

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COVER LETTER

TO: Registration Section Division of Corporations		
	OLDINGS, LLC 1 Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
T4 D4 140/DIO7/AIO//		
Name of Person		
EDJG HOLDINGS, LLC Firm/Company		
1950 ARLINGTON ST, STE 203 Address		
SARASOTA, FL 34239 City/State and Zip Code	 	
thewyp1@aol.com E-mail address: (to be used for future annual report notification)	on)	
For further information concerning this matter, ple	ase call:	
TARA WYPISZYNSKI at (_	941) 379-6331	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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 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:	EDJG HOLDINGS, LLC
2. (a) Principal office address of limited liability company	1950 ARLINGTON ST, STE 203
(Note: MUST BE STREET ADDRESS)	SARASOTA, FL 34239
(b) Mailing address of limited liability company:	1950 ARLINGTON ST, STE 203
(Note: MAY BE POST OFFICE BOX)	SARASOTA, FL 34239
04/18/2012 3. Date of filing/registration in Florida	L12000052367 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	TARA WYPISZYNSKI
Registered Office Address:	5741 BEE RIDGE RD, STE 390 SARASOTA, FL 34233
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	TARA WYPISZYNSKI 1950 ARLINGTON STREET SUITE 203
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of amember or authorized representative of a member DOYLE Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the preand I am familiar with and accept the obligations of my pool Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registerer Agent	TARY OF STATE OF ATTEMPT AND A

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