

L12000104839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

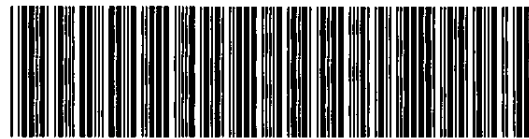
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12 SEP 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Sign



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2012

AJB DESIGN, LLC
AMY J. BUSCH
6071 OCCOQUAN FOREST DR.
MANASSAS, VA 20112

SUBJECT: AJB DESIGN, LLC
Ref. Number: L12000104839

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TALLAHASSEE, FLORIDA

We have received your document for AJB DESIGN, 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):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 712A00022349

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATB Design, 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:

Amy J. Busch
Name of Person

ATB Design, LLC
Firm/Company

6071 Occoquan Forest Drive
Address

Manassas, Va 20112
City/State and Zip Code

abusch10@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy J. Busch at (202) 250-0083
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

*Thank you
in advance*

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TALLAHASSEE, FLORIDA

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: AJB Design, LLC
2. (a) Principal office address of limited liability company: 730 South Lake Avenue
Delray Beach, Florida
33483
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 6071 Ocean Forest Dr.
Manassas, VA 20102
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 8-15-2012
4. Document number: L12000104839
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Amy J. Busch
Registered Office Address: 730 South Lake Avenue
Delray Beach, Florida
33483
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Louis J. Carbone, P.A.
NEW Registered Office Address: 90 SE 4th Avenue Suite 1
(MUST BE FLORIDA STREET ADDRESS) Delray Beach
FL 33483

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

Amy J. Busch

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 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.

Signature of Registered Agent

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

FILING FEE: \$25.00