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S. WARREN DEC 2 0 2017

COVER LETTER

Division of Corporations	
AJB Design LLC SUBJECT:	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Amy J. Busch	
Name of Person	
AJB Design LLC	
Firm/Company	
6071 Occoquan Forest Drive	
Address	
Manassas, Virginia 20112	
City/State and Zip C	ode
abusch10@hotmail.com	
E-mail address: (to be used for future	re annual report notification)
For further information concerning this m	natter, please call:
Amy J. Busch	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	S: 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 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.

1. Name	of the limited liability company: AJB Design L	.LC 		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability company: BE POST OFFICE BOX
73	30 South Lake Avenue	6071 Occoquan Forest Drive		
De	elray Beach, Florida 33483	-	Manassas, Virginia	20112
08/	/15/2012		L12000104839	
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a) Be	enjamin L. Lipson			
	istered Agent and Registered Office shown on the records of	he Florid	 n Dept. of State:	
lco	on Realty			
Reg	ristered Office Address (MUST BE FLORIDA STREET	DDRES	<u> </u>	
22	29 SW 9th Avenue			17 0
Fo	ort Lauderdale . I'I.	33312		FIL. 0EC 19
(b) Sco	ott Fineman			FILED 219 PM
	r name of NEW Registered Agent and/or NEW Registered	Office ad	d <u>ress</u> :	95. •
Un	nited Realty Group			BD ★
NE	W Registered Office Address:			
<u>55</u>	50 Glades Road			
Во	oca Raton .FI.	33431		
gent will h	ed liability company is not organized under the law or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of of organization or the operating agreement of the	the regist bility confirmation of the firmation of the fi	stered office and the busin ompany, it is hereby continuited liability company or :	less office of the registere med that the change(s)
Signature of	a member or authorized representative of a member	_	Printed or typed	name of signee
revisions v he obligation interely re	cept the appointment as registered agent and agree of all statutes relative to the proper and complete four of my position as registered agent as provided effect a change in the registered office address. I have the change in the registered office address. I have the change in the registered of the change.	verjorm Hör in G	ince of my duties, and fai Thantor KIS TeS. On Test	m familior with and accep
	Registere / Agent			