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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AJGC, LLC Name of Limited L	iability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
ANTHONY Joues Name of Person			
AJGC, LLC Firm/Company			
485 Brickell are # 2904			
Miami Fl 33131 City/State and Zip Code			
Scart 850 Hotmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ANTHONY James at (2)	16) <u>780-2093</u> 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:			
	\$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: <u>AJGC</u>	LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	195 Brickell one # 2904 Miamifl 33131
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	485 Brickell ave # 2904 Miani fl , 33131
5/29/13 3. Date of filing/registration in Florida	L13000077469 4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	United States corp. Agents INC.
Registered Office Address:	13302 winding oak ct. Unit A TAMPA F1,33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	ANTHONY James
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	485 BRICKELL AVE # 2904 MIAMI ,FL 33131
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Ant Houy James Printed or typed name of signce	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company	pree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registerer Agent	ASSIN ASSIN
Division of Corporations, P.O. Box 632 FILING FEE: \$2	

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