

L13000114167

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000190317 3)))



H140001903173ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (855) 330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: research@llcagent.com

**LLC REGISTERED AGENT CHANGE
MAJ DEVELOPMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 AUG 12 PM 3:00

DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

(H 14000190317 3)

SUBJECT: MAJ DEVELOPMENT, 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:

Jerome

Name of Person

Corporate Filing Solutions, LLC

Firm/Company

908 W. 2nd Avenue, STE 100

Address

Spokane, WA 99201

City/State and Zip Code

research@llcagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome

at (888) 237-3410

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

INHS18 (2/14)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(H 14000190317 3)

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: MAJ DEVELOPMENT, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
84 Sandown Road
Chester, NH 03036
08/13/2013

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
84 Sandown Road
Chester, NH 03036
L13000114167

3. Date of filing/registration in Florida 4. Document number

5. (a) CORPORATE FILING SOLUTIONS, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
CORPORATE FILING SOLUTIONS, LLC
NEW Registered Office Address:
3030 N. Rocky Point Drive, STE 150A
Tampa, FL 33607

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

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 605, 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

Dan Keen/Manager

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

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