## 1.15000 025 394

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
	<u> </u>					

Office Use Only



700332702767

08/12/19--01011--007 ++25.00

TIQUED AND 12 AN 7: 08

AUG 1 6 2019 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	HAJ INVESTMENTS LLC		
	Nam	e of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the	e following:
JON I	HANSON		
	Name of Person		<del></del>
	Firm/Company		
1092	5 GIRDLED ROAD		
	Address	_	
CON	CORD TWP, OHIO 44077		
	City/State and Zip Code		
LSIC	HKO@YFCOMPANIES.COM		·
Е	-mail address: (to be used for future annu	ial report not	ification)
For fur	ther information concerning this matter,	please call:	
LINDA	A SICHKO	440	477-3063
	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		655 Filing Fee & Certified Copy
INHS18	3 (2/14)		

## 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.	Na	me of the limited liability company: HAJ INVESTA	MENTS	, LLC ———	
2.	(a)	10925 GIRDLED ROAD	(b) 10925 GIRDLED ROAD		
	( <i>)</i>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		CONCORD TWP, OH 44077		CONCO	RD TWP, OH 44077
			_		
		02/10/2015		L1500002	25394
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	COHEN, NORRIS, WOLMER, RAY, TELEPI	MAN &	СОН	
	` '	Registered Agent and Registered Office shown on the records of the 712 U.S. HIGHWAY ONE	he Florida	Dept. of State	- :: 
		Registered Office Address (MUST BE FLORIDA STREET A SUITE 400	AUG 1		
		NORTH PALM BEACH . FL	33408		2 A
	(b)	JON HANSON  Enter name of NEW Registered Agent and/or NEW Registered (	Office add	PACK.	FILED AUG 12 AM 7: 08 AIIASSLE, FLORIDA
		1595 LANDS END ROAD	vince auc	,	٠.٠
		NEW Registered Office Address:			-
		MANALAPAN .FL.	33462		-
the age was	cha nt w s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the regis bility co f the limi	tered office mpany, it is ted liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
S	ignat	are of a member or authorized representative of a member			Printed or typed name of signee
pro the to n	visio obli nere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t gations of my position as registered agent as provided ly reflect a change in the registered office address. I h in writing of this change.	re to act performa I for in C vereby co	in this cape ince of my c hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Sig	patur	e of Registered Agent			