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To:		HAF
	Division of Corporations	
	Fax Number : (850)617-6383	
-		<u>د</u> ن
From:		A A A
	Account Name : REGISTERED AGENTS INC.	്റെ ഗ
	Account Number : I20090000081	
	Phone : (307)200-2803	
	Fax Number : (855)330-1010	$\sim \sim \sim$

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S. PRATHE:

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Na	ime of the limited liability company: All J	Just C	hoic	e LLC					
2. (a)	2520 NORTH MCMULLEN BOOTH F	(b) 2520 NORTH MCMULLEN BOOTH ROAD							
2. (d)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )			(0)					
	SUITE B #118		SUITE B #118						
	CLEARWATER, FL 33761			CLEARWATER, FL 33761					
	05/20/2015		L15000089792						
3.	Date of filing/registration in Florid:	a	4.		Document	number			
5. (a)	BURTON, MARGIE A								
<i>J</i> . (a)	Registered Agent and Registered Office shown on the	records of th	e Floric	la Dept. of Sta	le:				
	2717 Seville Blvd								
	Registered Office Address (MUST BE FLORIDA STREET AD			<u>5)</u>	_	ن. مار ا	20		
	Apt 17203		_		2019 HAR	(2)22			
	Clearwater	. FL	3376	4		E A A S	AR -		
(b)	Northwest Registered Agent Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> 7901 4th St N		<u>Idress</u> .	_	ASSEE, FL	8 AM 9:22	m O		
	<u>NEW</u> Registered Office Address.								
	STE 300		-						
	St. Petersburg	FL	3370	2	_				
the cha agent v was/we	imited liability company is not organized unc ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the n ieles of organization or the operating agreement	address of t limited lial nembers of	he reg bility c `the li	istered offic company, it mited liabili	ce and the bu is hereby cor ity company (	siness office c nfirmed that th	of the re ie chan	egistered gc(s)	
	ture of a member of a suthorized representative of a mem		Mo	organ Not					
-						ped name of sign		• <b>7</b> - 1	
provisi the obl to <u>mer</u>	by accept the appointment as registered ager ions of all statutes relative to the proper and ligations of my position as registered agent a revealer to change in the registered office a din writing of the change.	complete p is provided ddress, I h	perforn   for in   ereby	nance of my Chapter 60 confirm tha	pacity. I furt duties, and . 5, F.S. Or, i t the limited i	ther agree to c I am familiar f this documer liability compo	amply with an 11 is be, any has	with the ad accept ing filed ; been	
Signatu	tre of Registered Agent			-					

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

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