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L15000 164143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

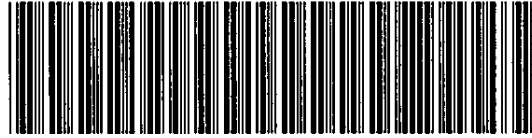
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16 JUN 22 PM 5:09

JUL 11 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2016

JUAN CARLOS OROZCO
11710 PARADISE LOVE LANE
WELLINGTON, FL 33449

SUBJECT: MAJUMA INVESTMENTS LLC
Ref. Number: L15000164143

RECEIVED
2016 JUL -8 AM 10:52
TALLAHASSEE, FLORIDA

We have received your document for MAJUMA INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00013267

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16 JUN 22 PM 5:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJUMA INVESTMENTS 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:

JUAN CARLOS OROZCO

Name of Person

MAJUMA INVESTMENTS LLC

Firm/Company

11710 PARADISE COVE LN

Address

WELLINGTON, FL 33449

City/State and Zip Code

OROZCO 44 @ HOTMAIL.COM

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

For further information concerning this matter, please call:

JUAN CARLOS OROZCO

Name of Person

at (561)

568 1060

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

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**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: MAJUNA INVESTMENTS LLC

2. (a) 11710 PARADISE COVE LN
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

WELLINGTON, FL 33449

(b) 11710 PARADISE COVE LN
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

WELLINGTON, FL 33449

3. 9/28/2015
Date of filing/registration in Florida

4. L 15000164143
Document number

5. (a) REGISTERED AGENT CORPORATE SERVICES, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

355 ALHAMBRA CIRCLE, STE 801
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33134

(b) JUAN CARLOS OROZCO
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11710 PARADISE COVE LN
NEW Registered Office Address:

WELLINGTON, FL 33449

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.

JMO.
Signature of a member or authorized representative of a member

JUAN CARLOS OROZCO
Printed or typed name of signer

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.

JMO.
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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