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JUN 03 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations								
CJF UNLIMITED LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.							
Please return all correspondence concerning th	is matter to the following:							
Christopher Farthing								
Name of Person								
CJF Unlimited LLC	·							
Firm/Company								
314 Rachelle Ave, #1037								
Address								
Sanford, FL 32771								
City/State and Zip Code								
cfarthing65@gmail.com								
E-mail address: (to be used for future ann	nual report notification)							
For further information concerning this matter,	, please call:							
Christopher Farthing	941 894-4066							
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)

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. N	ame of the limited liability company: CJF	UNLIMIT	FD FF	<u> </u>				
2. (a)			_ (b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 314 RACHELLE AVE, APT 1037		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				-	
			_	314 RAC	CHELLE AVE, APT 1037			
	SANFORD, FL 32771		_	SANFOF	RD, FL 32771			
	MAY 18, 2016			L16000097692				
3.	Date of filing/registration in Flori	da	4.		Document number		,,, , , , , , , , , , , , , , , , , , 	
5. (a)	· · · · · · · · · · · · · · · · · · ·							
C. (#)	Registered Agent and Registered Office shown on the CORPORATION SERVICE COMP	he records of t	he Florida	Dept. of State	:	16 MAY	STAR	
	Registered Office Address (MUST BE FLORIDA STREET 1201 HAYS STREET			Ù.		<u> </u>		
	TALLAHASSEE	, FL	32301			PH 5: 09	Fig.	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered	Office ad	dress:)-y-y-	
	REGISTERED AGENTS INC.							
	NEW Registered Office Address:			<u> </u>				
	3030 N. Rocky Point Drive, STE	150A						
	Tampa	, FL	33607	7				
the chagent was/w	limited liability company is not organized using or changes are made, the Florida street will be identical. Or, in the case of a Florid ere authorized by an affirmative vote of the icles of organization or the operating agrees atture of a member or authorized representative of a member of authorized representative of a member or authorized representative of a member o	t address of a limited lia members o ment of the	the reginability confirmation from the limited	stered office ompany, it is nited liability liability com	and the business offi hereby confirmed the company or as other	ce of the reg at the chang wise provide	gistered e(s)	
provis the ob to mer	by accept the appointment as registered ag ions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a change in the registered office al in writing of this change.	ent and agr d complete as provided address, I l	ee to act perform d for in the hereby c	t in this capa ance of my a Chapter 605 onfirm that i	icity. I further agree luties, and I am famil , F.S. Or, if this docu the limited liability co	to comply w iar with and ment is bein impany has i	rith the laccep ig filed been	

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314

FILING FEE: \$25.00

Bill Havre/Assistant Secretary

ature of Registered Agent