L16000901401

(Re	questor's Name)	
(Ad	ldress)	
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	<u> </u>	
(AO	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
<u></u>	rainana Entitri Noma	
(Bu	isiness Entity Nam	е)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 141/GL Name	Deve lopment e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
John Jamase Name of Person	\circ
Name of Person	
AJGL Develop	onent
Firm/Company	
7720 154 Court	N
Address	
FRG, FL 334 City/State and Zip Code	18
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Name of Person	at (<u>S61</u>) (6, 2 · 7549 Area Code & Daytime Telephone Number
	• •
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



November 3, 2017

JOHN JAMASON 7720 154TH ROAD N PALM BEACH GARDENS, FL 33418

SUBJECT: AJ/GL DEVELOPMENT, LLC

Ref. Number: L16000201401

We have received your document for AJ/GL DEVELOPMENT, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

2817 KGY 20 PH 2:

Letter Number: 217A00022290

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:A J 6L 1	man to man t
1. Name of the familier habitity company: 1737/OL	Same
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
PBS, FL 33418	
11/1/2016	L16000201401
3. Date of filing/registration in Florida 4.	Document number
5. (a) Corporation Sorvice Company Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State:
1201 Hays St, Tallahassee, FL, 3230 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	22
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
, FL	••• •
	 ∑:-
(b) John Jamason	·
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	. N
7720 154 (OUTN, PB5, FL, 3341	- 7
NEW Registered Office Address:	<u>&</u>
	
.FL	
If the limited liability company is not organized under the laws of the State the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
100	Printed or typed name of signee
Signature of a member or authorized representative of a member	connain. I forther agree to comply with the
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address, I hereby confirm notified in writing of this change.	r capacity. I further agree to comply with the fmy duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed that the limited liability company has been
Signature of Registered Agent	
Division of Corporations • P.O. Box 6327 • Tal	lahassee, FL 32314

FILING FEE: \$25.00