

L16 000220331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

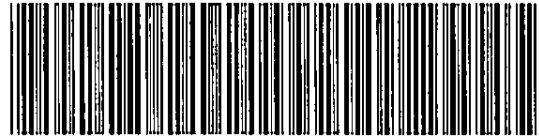
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC - 1 AM 7:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJS Participations 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:

z.bolanos@amicorp.com

Name of Person

Amicorp Corporate Services LLC

Firm/Company

1001 Brickell Bay Drive, Suite 2908

Address

Miami, FL 33131

City/State and Zip Code

vl_usasupport@amicorp.com

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

For further information concerning this matter, please call:

Zully Bolanos

Name of Person

at (+1305) 3003921

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

ZULLY BOLANOS
1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI, FL 33131 US

SUBJECT: ALION LLC
Ref. Number: L14000194830

We have received your document for ALION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT NUMBER DOES NOT CORRESPOND WITH THE COMPANY NAME.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00024410

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: MJS Participations LLC

2. (a) 1001 Brickell Bay Drive (b) 1001 Brickell Bay Drive
Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

Suite 2908 Suite 2908
Miami, FL 33131 Miami, FL 33131

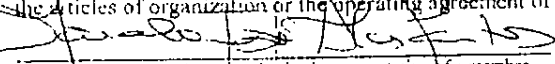
12/23/2014 L14000194830
Date of filing/registration in Florida Document number

3. (a) Amicorp Fiduciary Services LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1001 Brickell Bay Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 2908
Miami, FL 33131

(b) Amicorp Corporate Services LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1001 Brickell Bay Drive
NEW Registered Office Address:
Suite 2908
Miami, FL 33131

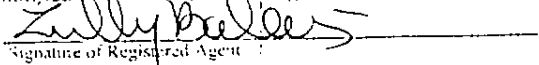
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.


Signature of a member or authorized representative of a member

Marcelo Jose Alves Dos Santos
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.


Signature of Registered Agent