## 1170000 57279

(Requestor's Name)					
(Address)					
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(City(State (Zin/Dhane #))					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
<b>,</b>					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

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## COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJI	Ajoy Investments, LLC	
		of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Robe	ert G. Breier	
	Name of Person	
Breie	r and Seif, P.A.	
	Firm/Company	<del></del>
1885	1 NE 29th Avenue, Suite 405	
-	Address	
Aven	tura, FL 33180	
	City/State and Zip Code	
<u>_</u>	E-mail address: (to be used for future annua	al report notification)
For fur	rther information concerning this matter, pl	lease call:
Maria	a L. Williamson	305 935-0507
	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 a	mount:
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHST	8 (2/14)	



RESERVED 19

## 2020 10 11 11 27

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: AJOY INVESTMENTS, LLC

Ref. Number: L17000057279

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 320A00004629



February 5, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: AJOY INVESTMENTS, LLC

Ref. Number: L17000057279

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 420A00002640

Division of Compactions D.O. DOV 0007 Well-bases Elevida 0001



January 15, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: AJOY INVESTMENTS, LLC

Ref. Number: L17000057279

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the entire form.

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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Letter Number: 120A00001196

## 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. Nam	e of the limited liability company: Ajoy Investmen	nts, LLC		<del></del>
2 (a) 16	500 NW 163rd St., Miami,FL 33169	( <b>h1</b> 60	00 NW 163rd St.,Miami,FL 3316	59
2. (a) <u></u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	pany:
_				<del> </del>
	03/14/2017	<u>L</u> 1.	7000057279	
3.	Date of filing/registration in Florida	4.	Document number	
5 (a)	Steven J. Schermer			
5. (a) _ R	Registered Agent and Registered Office shown on the records of th	e Florida Dep	pt. of State:	
9	Steven J. Schermer			
_	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	<del></del>	
,	in the state of th			
_	2800 Ponce De Leon Blvd. Suite 1125		· · · ·	
	Coral Gables	33134		
_		_	<u></u>	
(b) F	Robert G. Breier			
	inter name of NEW Registered Agent and/or NEW Registered (	<u>)ffice addres</u> :		
			(A)	
	Robert G. Breier			
2	NEW Registered Office Address:			
	18851 NE 29th Avenue, Suite 405			
_	-1		<del></del>	
	Aventura	33180		
Signatur  I hereby provinous the oblig to merel notified	nited liability company is not organized under the law ge or changes are made, the Florida street address of the floridal limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the law re of member or authorized representative of a member accept the appointment as registered agent and agrees of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. In the writing of this change.	the registers bility comp the limited liability for the liability fo	red office and the business office of the pany, it is hereby confirmed that the chad liability company or as otherwise providity company.  Printed or typed name of signce  this capacity: I further agree to comply	registered nge(s) rided in

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