

L17000058570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

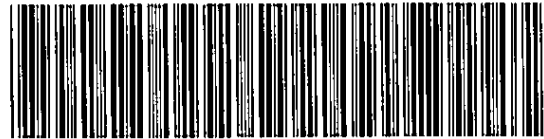
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAY 20 PM 4:51
CLERK OF SUPERIOR COURT
HALL COUNTY, GEORGIA

O SIMMONS

MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2019

SHEREEN MOKHTAR
5350 ARLINTON EXPRESSWAY #4414
JACKSONVILLE, FL 32211

SUBJECT: WEDJA ENTERPRISES, LLC
Ref. Number: L17000058570

We have received your document for WEDJA ENTERPRISES, 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 registered agent must sign accepting the designation.

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

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 519A00008970

RECEIVED

MAY 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wedja Enterprises 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:

Shereen

Name of Person

Mokhtar

Firm/Company

5350 Arlington Expressway #4414

Address

Jacksonville, Florida 32211

City/State and Zip Code

wedjaenterprises4@gmail.com

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

For further information concerning this matter, please call:

Shereen Mokhtar

at (904)

627-0187

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

**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: Wedja Enterprises LLC

2. (a) 5350 Arlington Expressway #4414 (b) 5350 Arlington Expressway #4414

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Jacksonville, Florida 32211

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Jacksonville, Florida 32211

March 14, 2017

L17000058570

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oak Court

Tampa, FL 33612

(b) Shereen Mokhtar

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5350 Arlington Expressway #4414

Jacksonville, FL 32211

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]
Signature of a member or authorized representative of a member

Shereen Mokhtar

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]
Signature of Registered Agent

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19 MAY 20 PM 4:51
TALLAHASSEE, FLORIDA