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(Req	uestor's Name)					
(Address)						
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(City	/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Doc	ument Number)					
Certified Copies	Certificates	s of Status				
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D. SCOTT MAY 19 2017

COVER LETTER

TO: Registration Section Division of Corporations			,		
LJTI LLC SUBJECT:		·	,		
	ne of Limited I	Liability Company			
Dear Sir or Madam:			•		
The enclosed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for fil	ling.		
Please return all correspondence concerning th	is matter to the	e following:			
Guadalupe Tesvich					
Name of Person		·····			
LJTI LLC					
Firm/Company					
16905 NW Hwy 225					
Address					
Reddick, FL 32686					
City/State and Zip Code			40.0		
ljtesvich@gmail.com			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
E-mail address: (to be used for future and	nual report noti	fication)	经 6		
For further information concerning this matter.	, please call:		F. F.L.		
Guadalupe Tesvich	352	219-1412	言言		
Name of Person	at (Area Code & Daytime T			
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	□ \$	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.

l. Na	ume of the limited liability company: LJTI LLC				
2. (a)	Guadalupe Tesvich	((b) Guadalupe Tesvich		
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailin	~	of limited liability company:
	16905 NW Hwy 225		16905 NW H	lwy 225	
	Reddick, FL 32686	_	Reddick, FL	32686	
	5/8/17		L1700010150	7	:
3.	Date of filing/registration in Florida	4.	Doc	ument nu	mber
5. (a)	Antonio Orozco				
r. (a)	Registered Agent and Registered Office shown on the records of the	ne Floric	a Dept. of State:		
	16905 NW Highway 225, Reddick, FL 32686	8			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>		
	16905 NW Highway 225				
	Reddick , FL	32686			
(b)	Guadalupe Tesvich				過夏五
(-/	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ldress:		るに
	16905 NW Highway 225, Reddick, FL 32686	6			FILED BY 3
	NEW Registered Office Address:				多.
	16905 NW Highway 225		·····		9m F
	Reddick , FL	32686			1
he cha igent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial authorized by an affirmative vote of the members of the operating agreement of the l	s of the he reg	e State of Florida, stered office and ompany, it is here nited liability con	the busin by confir pany or a	ness office of the registered rmed that the change(s)
\mathcal{A}	upe Tesuch	Gu	adalupe Tesvi	ch	
	urd of a member or authorized representative of a member	·			name of signee
provisi he obli o mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to ac perform for in ereby c	t in this capacity. Jance of my dutie. Chapter 605, F.S Confirm that the li	I furthei s, and I a. Or, if th mited liai	r agree to comply with the m familiar with and accep his document is being filed bility company has been