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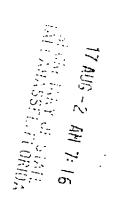
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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WEISBURD, EISEN & POSSENTI, P.A.

SCOTT EISEN VALERIE POSSENTI SCOTT WEISBURD 2751 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FLORIDA
-33331-

TELEPHONE (954) 473-0500 TELECOPIER (954) 473-4191 TELEPHONE (305) 274-5011 TELECOPIER (305) 274-5059

August 1, 2017

Division of Corporation Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Document Number: L17000161095

Entity: DJAMAL HOLDINGS LLC

Our Reference: 6383-001/DJAMAL

Dear Sirs:

Enclosed please find this law firm's check in the amount of \$25.00, representing payment in full of the fee to change the Registered Agent incident to above-captioned Entity.

Please proceed with the request pursuant to the attached form.

Should you have any questions with regard to the enclosed or the foregoing, please do not hesitate to contact the undersigned.

Very Truly Yours.

Marilyn Leal, Legal Assistant

For the Firm

Enclosures

VIA OVERNIGHT DELIVER UPS

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.

| I. N | ame of the limited liability company: DJAMAL HC | DLDINGS LLC | | |
|---|---|---|--|--|
| 2. (a) | 10391 GOLDEN EAGLE COURT | (b) 10391 GOLDEN EAGLE COURT | | |
| ,, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) | |
| | PLANTATION, FL. 33324 | PLAN1 | FATION, FL. 33324 | |
| | 07/28/2017 | L17000 | 161095 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | VALERIE POSSENTI, ESQ. | | | |
| . , | Registered Agent and Registered Office shown on the records of | the Florida Dept. of St | ate. | |
| 2751 EXECUTIVE PARK DRIVE, 104 | | | | |
| | ZAUG JAGO LAND | | | |
| | WESTON FL | 33331 | - 2888 | |
| (L) | KAMERON DJAMAL | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | l Office address: | - 1985 2 | |
| | 10391 GOLDEN EAGLE COURT | | <u> </u> | |
| | NEW Registered Office Address: | | _ | |
| | PLANTATION , FL | 33324 | _ | |
| agent www.was/wel | mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited limited re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | the registered offic ability company, it of the limited liabili limited liability co | te and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in | |
| Thereby accept the appointment as registered good and agree to get in this converte. I forther agree to the de- | | | | |
| the obligion mereinotified | ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change is of Registered Agent KAMERON DJAMAL | performance of my d for in Chanter 60 | duties, and I am familiar with and accept | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| FILING FEE: S25.00 | | | | |