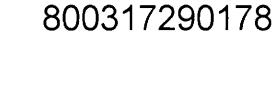
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Office Use Only



08/22/18--01014--004 **25.00

CECRETARY OF TIME

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	CJB Premium Sales, LLC					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
Carte	er John Brock					
	Name of Person					
CJB F	Premium Sales, LLC					
	Firm/Company					
719 S	SW 5th Ave April 309					
	Address					
Gaine	esville, FL 32601					
	City/State and Zip Code					
carter	rbrock@mac.com					
E	-mail address: (to be used for future annu	ial report notification)				
For fur	ther information concerning this matter,	please call:				
Carte	r Brock	954 2495085 at ()				
	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				
INHS18	3 (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

1. Na	ame of the limited liability company: CJB Premium	Sales	, LLC		
2. (a)	719 SW 5th Ave Apt. 309	(1	(b) 719 SW 5th Ave Apt. 309		
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Gainesville, FL 32601		Gainesv	rille, FL 32601	
	07/26/2018		L180001	80018	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	M.A.L. Associates, LLC				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of Stat	e:	
	16346 Mariposa Circle North				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u> </u>	-	
				₹102 6 8	
	Pembroke Pines, FL	33331		E E E	
(b)	Carter John Brock			FILED WESSELL	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	719 SW 5th Ave			0880/4 12. 5. 6 0	
	NEW Registered Office Address:				
	Apt. 309			-	
	Gainesville, FL	32601		_	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confitted limited l	stered office ompany, it is lited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in inpany.	
	Parta //vol/s	Car	ter John (
I herel provision the obli to mere notified	wre of a member or authorized representative of a member by accept the appointment as registered agent and agrouns 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 have a change in the registered office address, I have a change this change.	perform	ance of my	duties, and I am familiar with and accept	