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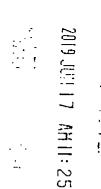
(Re	questor's Name)							
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COVER LETTER

Division of Corporations			
VJXPRESS			
SUBJECT:			
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Vildeon Sajousse			
Name of Person			
VJEXPRESS LLC			
Firm/Company			
4001 SW 69th LN			
Address			
Miramar FL 33023			
City/State and Zip Code			
Vjexpress@yahoo.com			
E-mail address: (to be used for future ann	ual report notification)		
For further information concerning this matter,	please call:		
Vildeon	310 8666862		
	at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section			
Division of Corporations	· · · · · · · · · · · · · · · · · · ·		
Clifton Building			
2661 Executive Center Circle Tallahassee, Florida 32301	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 I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability computation the following statement in order to change its registered office or registered agent, or both, in the Statellinian Florida.

1. N	V ame of the limited liability company:	/Jxpress LL0	С				
	4001 SW 69th LN Miramar FL 33		4001 SW 69th LN Miramar FI 33023				
(u)	Principal office address of limited liat (Note: MUST BE STREET A	ability company:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	05/10/2019		-	L1900012791	2		
i. 5. (a)	Date of filing/registration in FI Herline Sajousse		4.	Docu	ment number	-	
. (a)	Registered Agent and Registered Office shown of	on the records of t	the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLO.) 4001 SW 69th Ln	RIDA STREET A	ADDRESS)			201	
	Miramar	, F1.	33023		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2019 JES	
(b)						17 A	
	Enter name of NEW Registered Agent and/or New Yorldeon Sajousse	NEW Registered	Office add	ress:	 	MH II: 25	J
	NEW Registered Office Address: 4001 SW 69th LN		,				
	Miramar	, FI.	33023				
he cha gent v vas/w he art	imited liability company is not organized inge or changes are made, the Florida str will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agranture of a member or authorized representative of a	rect address of rida limited lia the members of recment of the	the regist ability cor if the limi limited li	ered office and t npany, it is herel ted liability comp	he business of by confirmed to pany or as other	fice of hat the crwise	f the registere c change(s) provided in
l here provisi he obi o mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age ely reflect a change in the registered office in writing of this change.	avent and avr	ee to act .	n this canacity	I further aurei	e to co	male with th