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10/04/21--01021--019 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
CJC Enterprises LLC SUBJECT:	
1	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	g this matter to the following:
Suzanne Corr	
Name of Person	
CJC Enterprises LLC	
Firm/Company	
278 Moders Ave.	
Address	
Cary, IL 60013	
City/State and Zip Cod	e
suzanneejc@aol.com	
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matter	ter, please call:
Suzanne Corr	847 494-2045 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
Enclosed is a check for the followi	ing amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified 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.

I. N	ame of the limited liability company:CJC Enterprises I.	LC	
2. (a)	CJC Enterprises LLC (Penny Tree)	(b) CJC Enterprises LLC	
	Principal office address of limited liability company. (Note: MUST BE STREET (DDRESS)	(0)	Mailing address of limited liability company: (Note: M-(Y BE POST OFFICE BON)
	278 Moders Ave	278	Moders Ave.
	Cary, IL 60013	Car	y. II. 60013
	February 2020	1.2100	00075240
) <u>.</u>	Date of filing/registration in Florida	- 4.	Document number
. (a)	Suzanne Corr		
	Registered Agent and Registered Office shown on the records of t CJC Enterprises LLC (Penny Tree)	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	1390 Bay Harbor Dr., Apt. 306		
	Palm Harbor	34685-3432	
	, I·L		
(b)	Shelley May		2
,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	Ö
	Full Service Office Solutions		<u></u>
	NEW Registered Office Address:		
	5536 Passing Pine Ln.		
	Zephyrhills	33541	
gent was/we arrive oblive oblive onere	mited liability company is not organized under the law or changes are made, the Florida street address of the real point of the identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of eles of organization or the operating agreement of the law of a member of all statutes relative to the proper and complete preations of my position as registered agent as provided by reflect a change in the registered office address. The finguriting of this chappe.	registered officially company of the limited liability imited liability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. UZANNE COPP Printed or typed name of signee

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00