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(Address)	
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(Document Number)	
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: A&J LOYALTY DISPATCHING	G LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	: Change an	d fee(s) are submitted for filing.				
Please return all correspondence concerning this i	matter to th	e following:				
Melissa Jones						
Name of Person	· 					
ZenBusiness Inc.						
Firm/Company						
336 E. College Ave. Suite 301						
Address						
Tallahassee, FL 32301						
City/State and Zip Code	!-					
ra@zenbusiness.com						
E-mail address: (to be used for future annua	l report not	ification)				
For further information concerning this matter, pl	ease call:					
Melissa Jones	844 at (493-6249				
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 following ar	mount:					
□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				

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.

	A 0 . I . C	7\/ A T\/	DICDATCHIAIC		
Name of the limited	nability compony.		DISPATCHING		
_{2. (a)} <u>3067 ROC</u>	3067 ROGERS AVENUE		_(b) 3067 ROGERS AVENUE		
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	г.	Mailing addless of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NVILLE, FL 32208		JACKSONVILI		
	,				
07/09/202	······································		 _21000314949		
	filing/registration in Florida		Document nur	nber	
Depistered Agents		••			
. (a)	d Registered Office shown on the recor	ds of the Florida	Dent of State:		
7901 4th St N	a well and of the month of the lecon	ds of the Frontal	sept. of State.		
Registered Office A	ddress (MUST BE FLORIDA STR	EET ADDRESSI		() () ()	
STE 300					
Ct Datashusa		22701		· · · · · · · · · · · · · · · · · · ·	
St. Petersburg	 -	_, FL		, to	
ZenBusiness Inc				<u>;</u> ;	
• /	Registered Agent and/or NEW Regis	tered Office add	re zz :	 võ	
336 E. College A	ve.				
NEW Registered O	ffice Address:				
Suite 301					
Tallabassee		, FL ³²³⁰¹			
hange or changes are me gent will be identical. (was/were authorized by the articles of organizati	mpany is not organized under the hade, the Florida street address of or, in the case of a Florida limite an affirmative vote of the membon or the operating agreement of	f the registered ed liability con ers of the limit f the limited lia	I office and the business of open, it is hereby confirm ted liability company or a ability company.	office of the registered med that the change(s) as otherwise provided in	
/s/Aljamaal Booke	uthorized representative of a member	_ Aija	maal Booker Jone Printed or typed		
I hereby accept the app	ointment as registered agent and relative to the proper and comp sition as registered agent as pro ge in the registered office addres	l agree to act i plete performa vided for in Ci ss, I hereby coi	in this capacity. I further	agree to comply with the	