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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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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MAJDA	Enterprises, LLC				
SUBJECT: MAJDA ENTERPRISES, LLC 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 this matter to the following:					
ABDELM AJD YAZ Name of Person	idi				
MAJDA Enterpyi	ses LLC				
705 Turnberry Las	1e_				
Lady Lake FL. US City/State and Zip Code	32159				
E-mail address: (to be used forwitter annual report notification)					
For further information concerning this matter, please call	l:				
ABDEL MAJIN YAZIDI at (7) Name of Person	O7) 209 - 9293 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 amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
CK# 1002 includ	led for \$25.				

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. Name of the limited liability company: MAJDA Enfect	prises LLC
2. (a) (b)	A
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
705 Turnberry Lane Po	Box 428
Lady Lake, FL. U.S. 32159 Lac	ly Cake, FL, U.S. 3215
3. Date of filing/registration in Florida 4.	Decomposit combon
	Document number
5. (a) Rocket Lawyer Coxb. Service S LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	tte:
155 Office Plaza DQ, 15t Floor Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
Tallahassee, Fl. 32301	
	——————————————————————————————————————
(b)	
	7
ABDELMATIO YAZIO	Pil I _I : 09
NEW Registered Office Address:	UD
705 Turnberry Lane,	_
Lady Lake FL 32159	_
If the limited liability company is not organized under the laws of the State of Floriange or changes are made, the Florida street address of the registered office are agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability contains a street address of organization or the operating agreement of the limited liability contains a street	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	MAJID YAZID
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60, to merely reflect a change in the registered office address, I hereby confirm that notified in writing of this change.	pacity. I further agree to comply with the