

23000297305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

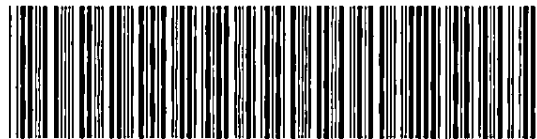
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



600428385026

04/26/24 - 01019 - 005 **35.00

FILED
2024 APR 26 PM 1:40
SEC. OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJJ Wellington Ventures, 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:

Alisa Mauro, CPA
Name of Person

Bacchioni & Co., CPAs P.C.
Firm/Company

125 Front St.
Address

Mineola, NY 11501
City/State and Zip Code

amauro@bacchionicpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alisa Mauro at (516) 743-3695
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 amount:

☐ \$25 Filing Fee

☐ \$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.

1. Name of the limited liability company: CJJ Wellington Ventures, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2 Insbrook Ct.
Huntington, NY
11743
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
(Same)
3. Date of filing/registration in Florida: 6/20/23
4. Document number: L23000297305

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent Solutions, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2894 Remington Green La, Ste A
Tallahassee, FL 32308

2024 APR 26 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL 32309

FILED

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Julienne, Guillaume
NEW Registered Office Address:

10421 Wellington Park Dr.
Wellington, FL 33449-8022

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]
Signature of a member or authorized representative of a member

Julienne Guillaume
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]
Signature of Registered Agent

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