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	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : CAPITOL CORPORATE SERVICES, INC.
	Account Number : I20160000048
	Phone : (800)345-4647
	Fax Number : (800)432-3622
~	the email address for this business entity to be used for to qual report mailings. Enter only one email address please.*
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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. AJL EQUITY, LLC 1. Name of the Limited Liability Company: 2. (a) 9705 Collins Ave. Apt 1903N (b) 9705 Collins Ave. Apt 1903N Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Bal Harbour, FL 33154 Bal Harbour, FL 33154 7/21/2011 M11000003708 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 1200 SOUTH PINE ISLAND ROAD MUST BE FLORIDA STREET ADDRESS: PLANTATION FL 33324 (b) Capitol Corporate Services, Inc. Huter name of NEW Registered Agent and or NEW Registered Office address: 515 East Park Avenue 2nd Fl NEW Registered Office Address: Tallahessee 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) pags/yere 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. Signature of a member or ulathorized representative of a member Printed or typed game of signee Thereby 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 shifes, 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 affice address. Thereby confirm that the limited liability company has been notified in writing of this change.

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

Brian Radecki, Assistant Secretary on

behalf of Capitol Corporate Services, Inc.

Signature of Registered Agent