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(((H23000413149 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Centil	Address:			

## LLC REGISTERED AGENT CHANGE **TJFT HOLDINGS LLC**

Certificate of Status	0
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## COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	TJFT Holdings LLC		
		Name of Limited	Liability Company
Dear Sir or 1	Madam:		
The enclosed	d Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to t	he following:
Lori Whalen			
	Name of Person		
Registered A	gent Solutions, Inc.		
··· <del>-</del> ··· ··	Firm/Company		···
Corporate Ce	nter One, 5301 Southwest Pkwy, S	Ste 400	
	Address		<del></del> _
Austin, TX 78	3735		
	City/State and Zip Cod	c	
E-mail	address: (to be used for future a	annual report no	tification)
For further in	nformation concerning this matt	er, please call:	
Lori Whalen		888 at (	705-7274
	Name of Person	a (	Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the followi	ng amount:	
<b>□</b> \$2	5 Filing Fee	٥	\$55 Filing Fee & Certified Copy
NHS18 (2/14)	<b>.</b>		

## 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.

7 MITCHELL AVE.	(b) 7 MI	TCHELL AVE.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
PISCATAWAY, NJ 08854-0885	PISC	CATAWAY, NJ 08854-0885
9/6/2019	M1900	00008655
Date of filing/registration in Florida	4.	Document number
TRAC-THE REGISTERED AGENT COMPANY		
Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:
Registered Office Address (MUST BE FLORIDA STREET)  236 E. 6TH AVENUE	ADDRESS)	<del></del>
TALLAHASSEE	32303	
Registered Agent Solutions, Inc.		2023 DE
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
2894 Remington Green Ln.		— PA
NEW Registered Office Address:		<del></del>
Ste. A		
Tallahassee, FI	32308	_
limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members exicles of organization or the operating agreement of the	registered offic ability company of the limited lia limited liability	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided company.
Jaclyn Wright	Jaclyn Wrig	ght Authorized Person
ature of a member or authorized representative of a member		Printed or typed name of signee

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent