

M23000005722

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)517-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

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

Email Address: _____

LLC REGISTERED AGENT CHANGE EJ HOLDINGS AL, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

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STATE OF FLORIDA
TALLAHASSEE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EJ Holdings, 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:

Angela Shaw

Name of Person

Firm/Company

110 Lake Winnemissett Drive

Address

Deland, Florida 32724

City/State and Zip Code

angela.shaw@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Shaw

407

669-4222

at ()

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

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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.

1. Name of the limited liability company: EJ Holdings AL, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
110 Lake Winnemisset Drive
Deland, Florida 32724

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
390 North Orange Avenue, Suite 1400
Orlando, Florida 32801

3. 05/03/2023 Date of filing/registration in Florida

4. M23000005722 Document number

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

Angela Shaw

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 North Orange Avenue, Suite 1400

Orlando, Florida, FL 32801

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

Angela Shaw

NEW Registered Office Address:

110 Lake Winnemissett Drive

Deland, FL 32724

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.

Angela Shaw
 Signature of a member or authorized representative of a member

Angela Shaw

Printed or typed name of signer

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.

Angela Shaw
 Signature of Registered Agent

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

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