

PO4000227163

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JAN 30 2020

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/29/2020

Acc#120160000072

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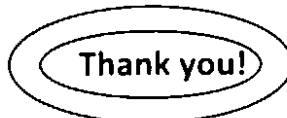
Name:	CLJP, Inc.
Document #:	
Order #:	12602542

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Examiner _____
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Ref# _____

Amount: \$	43.75
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLJP, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000027163

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maribeth Walker
Name of Contact Person

CLJP, Inc.
Firm/Company

200 Nant Street
Address

Niceville, FL 32578
City/State and Zip Code

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

For further information concerning this matter, please call:

Maribeth Walker at (850) 729-5901
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLJP, Inc.
2. The principal office address: 200 HART STREET NICEVILLE, FL 32578

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/19/2007 Document number: P04000027163

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CONERLY, BOWMAN & DYKES, L.L.P.

4481 LEGENDARY DRIVE SUITE 200

DESTIN, FL 32541

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maribeth Wallard
Signature of an officer or director

Maribeth Wallard, Treasurer
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: [Signature]
Signature of Registered Agent

1/28/2020
Date

If signing on behalf of an entity:

Lindsay Plummer
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
2020 JAN 29 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL