## P0700050084

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| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| •                                       |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| •                                       |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Dusiness Linky Warney                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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## **COVER LETTER**

| то:                      | Amendment Section<br>Division of Corporations |   |   |  |  |  |
|--------------------------|---|---|---|--|--|--|
| SUBJ                     | ECT:  | AJT MOTORS, IN                          |   |  |  |  |
|                          |   | (Name of Corporation                    | n)  |  |  |  |
| DOCU                     | JMENT NUMBER:                                 | P07000050084                            |   |  |  |  |
| The en                   | nclosed Statement of Change of                | f Registered Office/Agent a             | and fee are submitted for filing.                 |  |  |  |
| Please                   | return all correspondence cond                | cerning this matter to the fo           | llowing:  |  |  |  |
|                          |   |   |   |  |  |  |
|                          |   | SANDRA RAMIRE                           |   |  |  |  |
| (Name of Contact Person) |   |   |   |  |  |  |
|                          |   |   |   |  |  |  |
|                          | AJT MOTORS, INC.                              |   |   |  |  |  |
|                          |   | (Firm/Company)                          |   |  |  |  |
|                          |   |   |   |  |  |  |
|                          | 1874 WILDWOOD TRAIL                           |   |   |  |  |  |
|                          |   | (Address)                               |   |  |  |  |
|                          | DEEDELE D. EL. 20440                          |   |   |  |  |  |
|                          | •   | DEERFIELD, FL 33 (City/State and Zip Co |   |  |  |  |
| For fu                   | rther information concerning th               |   | ,   |  |  |  |
| roi iu                   | tuler information concerning th               | ns matter, piease carr.                 |   |  |  |  |
|                          | SANDRA RAMIRE                                 | Z at (                                  | 561 929-0714 rea Code & Daytime Telephone Number) |  |  |  |
|                          | (Name of Contact Per                          | son) (A                                 | rea Code & Daytime Telephone Number)              |  |  |  |
| Enclos                   | sed is a \$35.00 check made pay               | rable to the Department of S            | State.  |  |  |  |
|                          | <u>Mailing Add</u><br>Amendmen                | lress:                                  | Street Address: Amendment Section                 |  |  |  |
|                          |   |   |   |  |  |  |
|                          | P.O. Box 6                                    | Corporations                            | Division of Corporations Clifton Building         |  |  |  |
|                          | Tallahassee                                   |   | 2661 Executive Center Circle                      |  |  |  |
|                          | ,   | , - — + <del>- + -</del> ·              | Tallahassee, FL 32301                             |  |  |  |

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

| Pursuant to the provisions of sections 60: statement of change is submitted for a col   | •   | •  |   |                            |
|---|---|--|---|----------------------------|
| in order to change its registered   | office or register  | ed agent, or both, in the Si   | tate of Florida.  |                            |
| 1. The name of the corporation:   | AJT MO  | OTORS, INC.  |   |                            |
| 2. The principal office address:  |   | VILDWOOD TRAIL   |   |                            |
|   | DEERFIEI  | LD BEACH, FL 33442   |   |                            |
| 3. The mailing address (if different):  |   | <del></del>  |   |                            |
| 4. Date of incorporation/qualification:   | 4/24/2007   | Document number:   | P07000050084  | ļ                          |
| 5. The name and street address of the curr<br>Florida Department of State:  | rent registered age   | ent and registered office or   | n file with the   |                            |
|   | ALEJANDRO F   | RAMIREZ  |   |                            |
| 82  | 19 SEVEN DI   | R., STE. D   |   |                            |
| ВС  | CA RATON, F   | FL 33433   | <del></del>   |                            |
| 6. The name and street address of the new (if changed):   | v registered agent  | (if changed) and /or regist  | ered office   |                            |
|   | SANDRA RAN  | MIREZ  |   | 200                        |
| 187   | 74 WILDWOO  | DD TRAIL   | <del>, _</del>  | 2007 HAY 18                |
|   | Box NOT acceptable)   |  | <del></del>   |                            |
| DEERI   | FIELD BEACH   | 1, FL 33442  |   | PH                         |
| The street address of its registered offic as changed will be identical.  | e and the street a  | ddress of the business off   | ice of its registered   | age <u>nt</u>              |
| Such change was authorized by resoluti<br>authorized by the board, or the corporat  | on duly adopted<br>ion has been noti                          | by its board of directors of the cha   | or by an officer so<br>nge.   | 20                         |
| Fren Roen   | ~   | SANDRA   | RAMIREZ   |                            |
| (Signature of an officer or director)   | <del></del> ,   | (Printed or typed  | name and title)   | <del></del>                |
| I hereby accept the appointment as regi<br>I further agree to comply with the provi<br>of my duties, and I am familiar with and<br>document is being filed merely to reflec<br>corporation has been notified in writing | sions of all statu<br>I accept the oblig<br>t a change in the | agree to act in this capa<br>tes relative to the proper<br>gation of my position as r<br>registered office address | city.<br>and complete perfor<br>egistered agent. 'Or<br>, I hereby confirm th | mance<br>if this<br>at the |
| Jane Jane   | •   | 5/16   | 107   |                            |
| (Signature of Registered Agent)   |   | (Daté  | <del></del>   |                            |
| If signing on behalf of an entity:  | ~   |  |   |                            |
| Sandra Ramirez<br>(Typed or Printed Name)   | ,<br>   | ·  |   |                            |

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