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## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations	ينها المراجع والمراجع والمعتمد فاستحيد والمعتمد	# Plan - E
SUBJECT:	A&J Manufactu	uring, Inc.	
	Name of Co	orporation	
DOCUMENT NU	MBER: P070	000060275	
The enclosed Staten	nent of Change of Registered Office	/Agent and fee are submitted for filing.	
	respondence concerning this matter	-	
_	Rachael		
	Name of Con	tact Person	
	The Private Clie	ent Law Group	
•	Firm/Co		
	75 Fourteenth Stre		
	Addr	ess	
		,	
. •	. Atlanta, G City/State an	A 30309	
	City/State and	1 Zip Code	
	rhartin@tp	olg.com	
	E-mail address: (to be used for fu	ture annual report notification)	
For further informat	ion concerning this matter, please co	all:	
·	Melanie Martin	at ( 404 ) 974-3484	
	e of Contact Person	at ( 404 ) 974-3484 Area Code & Daytime Telephone Nun	nber
Enclosed is a \$35.00	check made payable to the Departi	nent 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	

## 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A&J Manufacturing, Inc.
2. The principal office address: A&J Mfg., Inc. c/o Jack Justino, 903 Lake Asbury Drive,
Green Cove Springs, FL 32043
3. The mailing address (if different): 2465 Demere Road, Suite 210,
St. Simons Island, GA 31522
4. Date of incorporation/qualification: 05/21/2007 Document number: P07000060275
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)
CFRA, LLC
100 South Ashley Drive, Suite 400
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed):  Jack Justino  903 Lake Ashury Drive
P.O. Box NOT acceptable
Green Cove Springs, FL 32043
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 porporation has been notified in writing of the change.
Signature of an orticer or director  Alannah Odhina  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.
Jack Justine  Signature of Registered Agent  Agent  Agent
If siguing on behalf of an entity:
Typed or Printed Name

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