

P090000008075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000162062110

11/02/09--01009--024 \*\*35.00

RA Co chy

09 NOV -2 AM 9:02  
STATE  
DIVISION OF CORPORATIONS

T. Roberts NOV 03/2009

**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: LPJ SOLUTIONS INC
2. The principal office address: 3744 NW 50 STREET MIAMI FL 33142
3. The mailing address (if different): 3744 NW 50 STREET MIAMI FL 33142
4. Date of incorporation/qualification: 01/26/2009 Document number: P09000008075
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)

Miguel A. Jalil (Resigned)

3744 NW 50 STREET MIAMI FL 33142

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

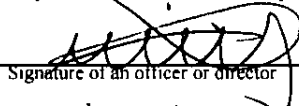
Ines Carmen Toledo

3744 NW 50 STREET MIAMI FL 33142 (Same Address)

P.O. Box NOT acceptable

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.

  
Signature of an officer or director

Miguel A. Jalil/President  
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.*

  
Signature of Registered Agent

10/28/2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)

09 NOV -2 AM 9:02  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA