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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LJS Investments, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000018855

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:

Mariana Diaz

Name of Contact Person

Mariana R. Diaz, CPA, P.A.

Firm/Company

6401 SW 87th Avenue, Suite #209

Address

Miami, FL 33173

City/State and Zip Code

mdiaz@diaz-cpa.com

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

For further information concerning this matter, please call:

Mariana Diaz

...305

271-6900

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

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge 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.	
a cont	LJS Investments, Inc.	
 The name of the control of the principal of the principal of the control of the con	3515 S Olive Avenue, West Palm Beach, FL 33405	
z. The principal of	Office address.	
3. The mailing as	3515 S Olive Avenue, West Palm Beach, FL 33405	
4. Date of incorp	oration/qualification: Document number: P11000018855	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Alicia Orași	
•	3515 S Olive Avenue	5
	West Palm Beach, FL 33405	· 11H24
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Mariana R. Diaz	Service Control
	6401 SW 87th Avenue, Suite #209	1
	P.O. Box NOT acceptable Miami, FL 33173	
The street addre	ss of its registered office and the street address of the business office of its registered agen be identical.	t ,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, on the corporation has been notified in writing of the change.	
1	Anthony Hai, President Printed or typed name and title	
I hereby accept a I further agree to	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	06/15/2013	
	audit of Registered Agent Date	
If signing on bel	half of an entity:	
———— T y	rped or Printed Name	

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

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

CR2E045 (03/12)