D1400091396

(Requestor's Name)
(Address)
(Address)
(City/Chata-Fija/Dhana 40)
(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



600305219466

11/13/17--01025--020 **35.00

FILEO 2017 NOV 13 PH 2: 05 131 J. A. 111 OKILA 58

C. GOLDEN NOV 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CDAJL, Inc
DOCUMENT NUMBER: P14000091296
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:
Jean-Louis St-Jean Name of Contact Person
CDAJL, Inc
4940 SW 29th Ave
Fort Lauderdale, FL 33312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janice Grover Name of Contact Person Area Code & Daytime Telephone Number
Then code a Daytine Telephone Humber

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 provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo statement of change is submitted for a corporation organized under the laws of the Statement of the stateme	te of Florida	nis
in order to change its registered office or registered agent, or both, in the State 1. The name of the corporation: CDAJL, Inc	e of Florida.	
2. The principal office address: 4940 SW 29th Ave, Fort Lauderdale, I	FL 33312	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 11/07/14 Document number: P	140000912	96
5. The name and street address of the current registered agent and registered office on f Florida Department of State: (If resigned, enter resigned)	ile with the	
CORPORATE CREATIONS NETWORK INC.		
11380 Prosperity Farms Road #221E		0.3
Palm Beach Gardens, FL 33410		1017 N
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):	ed office	E I AGN 1102
Veronique Louis	<u>.</u> <u>:</u> <u>-</u>	<u> </u>
4940 SW 29th Ave		2: 05
Fort Lauderdale, FL 33312		0,
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered	I agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.		
Signature of an officer or director Printed or typed name a	ı	·
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 performance of my duties, and I am familiar with and accept the obligation of my possagent. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.	Complete	red I
If signing on behalf of an entity:		

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