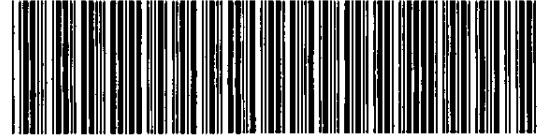


11000001398



700312025947

04/18/18--01026--031 \*\*35.00

(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

PAID  
APR 18 P 3 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 19 2018  
T. LEMUEX

LANEJ

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MORIJA INC.  
Name of Corporation

**DOCUMENT NUMBER:** N11000001398

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:

ANTHONY DOMINIQUE  
Name of Contact Person

Firm/Company

885 N POWERS DR STE A  
Address

ORLANFO FL 32818  
City/State and Zip Code

BERLYNANA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABNER DESINOR at 407 928 0555  
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 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: MORIJA INC

2. The principal office address: 539 AZALEA BLOOM DRIVE APOPKA, FL 32512

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/09/2011 Document number: N11000001398

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)

BELLEVUE, ROULIO (resigned)

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

Abner Desinor

885 N POWERS DR STE A

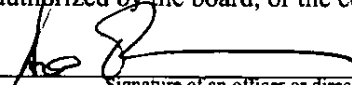
P.O. Box NOT acceptable

ORLANDO FL 32818

FILED  
APR 18 P 3 31  
TALLAHASSEE FLORIDA

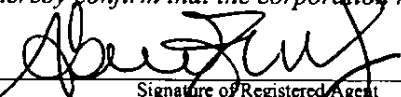
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ANTHONY DOMINIQUE  
\_\_\_\_\_  
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

02/24/2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

ABNER DESINOR  
\_\_\_\_\_  
Typed or Printed Name

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