

P18000053267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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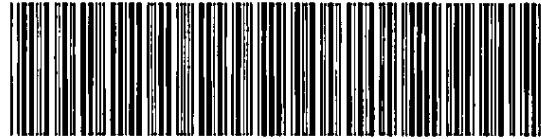
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

OCT 09 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CBJ CONSULTING GROUP CORP

Name of Corporation

DOCUMENT NUMBER: P18000053267

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:

Carlos Reyes

Name of Contact Person

CBJ CONSULTING GROUP CORP

Firm/Company

1391 NW ST LUCIE WEST BLVD #117

Address

PORT SAINT LUCIE, FL 34986

City/State and Zip Code

rjventureholdings@gmail.com

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

For further information concerning this matter, please call:

Carlos Reyes

Name of Contact Person

at (**786**) **449-8511**

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

2019 SEP 23 PM 12:19

RECEIVED

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CBJ CONSULTING GROUP CORP
2. The principal office address: 1391 NW ST LUCIE WEST BLVD, #117
PORT SAINT LUCIE, FL 34986
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/13/2018 Document number: P18000053267

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)

Carlos Reyes

5228 NW WISK FERN CIRCLE

PORT SAINT LUCIE, FL 34986

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

Carlos Reyes

1391 NW ST LUCIE WEST BLVD #117

P.O. Box NOT acceptable

Port Saint Lucie FL 34986

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.

Carlos Reyes
Signature of an officer or director

Carlos Reyes
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.

Carlos Reyes
Signature of Registered Agent

9/12/2019
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