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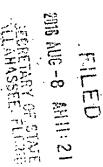
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: M. & J. A DTS INC. Name of Corporation		
DOCUMENT NUMBER: 403713		
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:		
Stephen Pickett Name of Contact Person Med J. Apts INC Firm/Company		
401 80th Street Apt #5		
Miami, Beach, FL 33141 City/State and Zip Code		
BoxER _ 33141 @ MSN. CoM E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephen Pickett at (305) 318-3781 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 Street Address: Amendment Section Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: H-1 I APTS, INC
2. The principal office address: 401 80 th Street Apt 45
Migmi Beach, Fl 33141
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/16/1972 Document number: 4037/3
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)
PILLARS REAL ESTATE SERVICES
PILLARS REAL ESTATE SERVICES P.O. BOX MIAHI, FL.
MAULEI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stephen Pickett
Stephen Pickett 401 80th St #5 P.O. Box NOT acceptable Minmi Blach, FL 33141
P.O. Box NOT acceptable
Minmi Black, FL 33141
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 ATTUE W GRADY 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 Date
If signing on behalf of an entity:
Typed or Printed Name

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