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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I2010000062 Phone : (888)705-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE CMJBIZ MANAGEMENT CORP. Certificate of Status Certified Copy Page Count 01 Estimated Charge \$35.00

Fax Number : (888)706-7274

J. HORNE

JUN - 1 2023

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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: CMJBIZ MANAGEMENT | CORP |
|----------------------------|------|
| Name of Corporation | |

DOCUMENT NUMBER: F22000003513

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:

| Mary Castillo | |
|---|--------------------------------------|
| Name of Contact Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| Corporate Center One, 5301 Southwest Pkwy, Ste 400 | |
| Address | |
| Austin, Texas 78735 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual r | eport notification) |
| For further information concerning this matter, plo | ease call: |
| Mary Castillo | at (888) 705-7274 |
| 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

| statement of ch | provisions of sections 607.05 ange is submitted for a corpoi er to change its registered offi | ration organiza | ed under the laws of the | State of Wy | oming | |
|---|--|--|--|--------------------------|---|---|
| | the corporation: CMJBIZ | | · | | • | |
| | office address: 1621 CE NNE, WY 82001 | ENTRAL | AVE | | | |
| 3. The mailing a | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 6/6/ | 2022 | Document number: | F220000 | 03513 | |
| 5. The name and Florida Depa | d street address of the current runent of State: (If resigned, c | registered age enter resigned) | nt and registered office | on file with the | | |
| | REGISTERED A | GENTS | SOLUTIONS | INC. | | |
| | 7901 4TH ST N STE | 300 | | <u></u> | | |
| | ST. PETERSBURG | | FL 33702 | | | |
| (if changed): | Registered Age 2894 Remington (| nt Solut Green Ln | ions, Inc. Ste. A | | SECRETARY 31 P | |
| | Tallahassee | P.O. Bax. NO | 32308 | | PH 12: 04 | ζ |
| The street addre | ess of its registered office and be identical. | I the street add | dress of the business of | ffice of its regi | stered agent. | |
| Such change wa authorized by th | as authorized by resolution due board, or the corporation h | uly adopted by las been notifi | tits board of directors ed in writing of the cha | or by an office ange. | er so | |
| s/ James Cl | - · · | Ja | ames Clelland | Pre | sident | |
| hereby accept further agree t if my duties, an locument is bei | re of an officer or director the appointment as registere to comply with the provisions of I am familiar with and acc ing filed merely to reflect a ch been notified in writing of th | of all statutes opt the obligations on on the ra | Printed or typed gree to act in this capa relative to the proper ion of my position as i gistered office addres: | | performance it. Or, if this firm that the | |
| Ma | مع الله مع | (| 05/31/2023 | | | |
| Sign | nature of Registered Agent | | Date | : | | |
| f signing on bel | half of an entity: | | | | | |
| Mackenzie Hibler | r, Assistant Secretary | | | | | |
| Ту | ped or Printed Name | • | | | | |
| | ***F | ILING FEE: | \$35.00 * * * | | | |