Fa300001795

(Requestor's Name)	
	Address)	
Y	,	
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(.	Address)	
	City/State/Zip/Phone #)	
·	•	
PICK-UP	☐ WAIT ☐ MAIL	
(Business Entity Name)	
	Document Number	
(Document Number)		
Certified Copies	Certificates of Status	
		
Special Instructions to Filing Officer:		
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	_	
	RA Change	
	No District	

Office Use Only



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S. C. 12 THE TOWN

2023 NOV -3 PM 1: 57

RECFIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. : I2000000195	
REFERENCI		
AUTHORIZATIO	: Expellener	
COST LIMIT	r : \$ 35.00	
ORDER DATE : November 3, 202	23	
ORDER TIME : 2:19 PM		
ORDER NO. : 110338-009		
CUSTOMER NO: 8429488		
CHANGE OF	AGENT	
NAME: MJM ARCHITEC	CTS, INC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Eyliena Bake	er	
E	EXAMINER'S INITIALS:	

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

statement of cha	mge is suhmitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of TN e or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: MJM ARCHITE	ECTS, INC
		RIVE NASHVILLE, TN 37204
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification: 02/01/2	2023 Document number: F23000001795
5. The name and		egistered agent and registered office on file with the
	REGISTERED AGENT SOL	UTIONS, INC.
2894 REMINGTON GREEN LANE SUITE A		LANE SUITE A
	TALLAHASSEE, FL 32308	-3 P
6. The name and (if changed):	I street address of the new regis	LANE SUITE A LANE SUITE A SECRETARY OF STATE stered agent (if changed) and /or registered office FL STATE STA
	Corporation Service Compa	ny
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.
/S/ JILL CILMI		JILL CILMI, VICE PRESIDENT
I hereby accept I further agree to of my duties, an document is bei- corporation has	to comply with the provisions	Printed of typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.
	race tokuble	11/03/2023
	nature of Registered Agent	Date
If signing on be	half of an entity:	
GRACE E KIRB	Y, ASST. VICE PRESIDENT	
Ty	ped or Printed Name	

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