## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

DOCUMENT # J45810  1. Corporation Name MJM, INC.  Principal Place of Business  2033 MAIN ST., SUITE 600 P.O. DRAWER 4195 SARASOTA FL 34230  2. Principal Place of Business  3. Date incorporated or Qualified 12/08/1995  4. FEI Number 59-2748379  Not Applied For 59-2748379  Suite, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. City & State  3. Date incorporated or Qualified 12/08/1995  4. FEI Number 59-2748379  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required Added to Fees  2. Principal Place of Status Desired  3. Date of Last Report 12/08/1986  02/28/1995  5. Certificate of Status Desired Added to Fees  2. Principal Place of Business  3. Date incorporated or Qualified 12/08/1986  59-2748379  Not Applied For 59-2748379  Suite, Apt. #, etc.  5. Certificate of Status Desired Added to Fees  2. Principal Place of Business  3. Date incorporated or Qualified 12/08/1986  4. FEI Number 59-2748379  Suite, Apt. #, etc.  50. Certificate of Status Desired Added to Fees  2. Principal Place of Business  2. Principal Place of Business  3. Date incorporated or Qualified 12/08/1986  3. Date of Last Report 12/08/1986  5. Certificate of Status Desired Added to Fees  2. Principal Place of Business  3. Date incorporated or Qualified 12/08/1986  3. Date of Last Report 12/08/1986  5. Certificate of Status Desired Added to Fees  2. Principal Place of Business 2. Principal Place of Business 3. Date incorporated or Qualified 12/08/1986  3. Date of Last Report 12/08/1986  3. Date incorporated or Qualified 12/08/1986  4. FEI Number 59-2748379  Report Place of Busi		ANNUAL REPORT Secretary of State					
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MERRILL, WILLIAM W. 2033 MAIN ST., SUITE 600 SARASOTA FL 34237  11. Pursuant to the provisions of Sections 607,0502 and 607,1506, Florida Statutes, the address (P.O. Box Number is statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordas South change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered office or registered agent, or both, in the State of Fordas South change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered differ in the purpose of changing its registered difference in the	24	25	29	<del> </del>			
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2033 MAIN ST., SUITE 600 SARASOTA FL 34237  24 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office figmater with, and accept the obligations of, Section 607 0502 in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am figure of the obligations of, Section 607 0505 (brids Statutes).  SIGNATURE  Signature, figure or creat name of registered agent and the facebook.  PD D D D D D D D D D D D D D D D D D D						NIH	
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certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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