## L15000146272

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

Division of Corporations			
MJC World Enterprises LLC SUBJECT:			
	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Justin Yan			
Name of Person	<u></u>		
Catalyst Tax and Consulting			
Firm/Company	<del></del>		
2200 Corporate BLVD NW, Suite 307			
Address			
Boca Raton, Florida 33431			
City/State and Zip Code			
justin.yan@catalystaccountants.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, please ca	all:		
Justin Yan 30	7 220-5567		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount	:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: MJC World Ente	erprises 1	.LC	
2. (a)	MIC World Enterprises LLC		(b) MJC Wor	d Enterprises LLC
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	502 NE Wavecrest Way		502 NE W	/avecrest Way
	Boca Raton, FL 33432		Boca Rate	on, FL 33432
	8/26/2015		L15000146	272
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Michael Cascone			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flor	da Dept. of Sta	ic:
	Registered Office Address (MUST BE FLORIDA STREET) 7801 N Federal Highway, APT 11-404	ADDR <u>E</u>	SS)	•••
	<u> </u>			_
	Boca Raton, F	L33487		
(b)	Catalyst Tax and Consulting LLC.  Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	_
	Justin Yan		<del></del>	
	NEW Registered Office Address:			_
	2200 Corporate BLVD NW, Suite 307		<del></del>	_
	Boca Raton , F	L 33431		
signi	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the laterer of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I	e registoriability of the lie limited Maree to a perform	ered office are company, it is mited liabilit I liability con ichael Cascon cet in this cap mance of my	ad the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.  e, MGR  Printed or typed name of signee to comply with the duties, and I am lamiliar with and accept
notifie	er respect a change in the registered office duaress, red in writing of this change.	негену	congirm mai	те итиса наонну сотрану наз овен