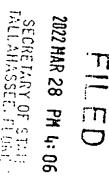
## 120000013729

(Requestor's Name)						
(Requestors (varie)						
(Address)						
244444						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special instructions to raining Officer.						
J. HORNE						
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Office Use Only

March 25, 2022

To: Division of Corporations

From: Michael J Derusha, MJD & Associates LLC L20000013729

Re: Change of address for Registered Agent

Please be advised that I am requesting the change of address for the registered agent that is effective as of February 28, 2022. I did file for a change of address for my LLC online but at this date it has not been applied. Here is the correct info to be input for both the LLC address and the registered agent address going forward. The check for \$25 has been included along with the proper form for submittal.

MJD & Associates LLC 4754 Pastel Court Sarasota, FL 34240

Registered Agent Michael John Derusha 4754 Pastel Court Sarasota, FL 34240

Michael John Derusha

## COVER LETTER

TO: Registration Section **Division of Corporations** MJD & Associates LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael John Derusha Name of Person MJD & Associates LLC Firm/Company 4754 Pastel Court Address Sarasota, Fl 34240 City/State and Zip Code mjderusha@comeast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 650 863-1887 Michael J. Derusha at ( Area Code & Daytime Telephone Number Name of Person **Street Address: Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

## 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.

ı Ne	MJD & Associates time of the limited liability company:					
	ume of the limited liability company:4754 Pastel Court Sarasota, FL 34240		4754 Past		arasota, FL 34240	
. (**)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	۸	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	January 7, 2020	-	1,200000137	29		
(a)	Date of filing/registration in Florida Michael John Derusha	4.		Document	number	
(b)	Registered Agent and Registered Office shown on the records of the 2950 Brayura Lake Drive	e Florid	a Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2022 F SECT		
	Sarasota 3	34240			FILEI 1072 MAR 28 PM SECKETARY OF ALLAMASSEC. I	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 4754 Pastel Court			PH 4: 06  COF STATE EET FLORE		
	NEW Registered Office Address:					
	Sarasota 3	34240				
hange gent v vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	ed office and ompany, it is nited liability liability com	the busing hereby con- company pany	ess office of the registered nfirmed that the change(s) or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		MICHIEL	ついたわ Printed or to	DERUSIA ped name of signee	
I here provisi he obl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period igations of my position as registered agent as provided of reflect a change in the registered office address. I he is in writing of this change.	ertorm	t in this capa	city. I furt luties, and	ther agree to comply with the Lam familiar with and accep	
Signatu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00