DOCUMENT # L70514 1. Entity Name												
MJGW HOLDING, INC.							FILED					
Principal Place of Business Mailing Address							00 JAN 28 AM 8: 38					
% MICHAEL J. I 16308 AVILA BL TAMPA FL 3361	Dougherty VD.		% MICHAEL J. DOUGHERTY 16308 AVILA BLVD. TAMPA FL 33613-1035				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Pl	lace of Busine	ss	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	9		City & State				4. FEI	Number 59	300794	2	— 	plied For t Applicable
Zip	Zip Country		_Zip Count		try		5.≟Cert	ificate of Statu	s Desired	- 🗆 🗢	\$8.75 Add Fee Required	
	6. Name a	nd Address of Current Re	egistered Agent			7. Nam	e and Addres	s of New F	legistered /	Agent		
DOUGHERTY, MICHAEL J. 16308 AVILA BLVD. TAMPA FL 33613					Street Ad	dress (F	P.O. Box I	Number is Not	Acceptable	») FL	Zip Code	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature: hyped or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution.												
	ia on back)		Make Check Payable to Department of Str					IONS/CHANG	SES TO OF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHER 16308 AVIL TAMPA FL	OFFICERS AND D TY, MICHAEL J. A BLVD.	☐ Delate	TITL NAM STRE			ADDIT	<u>IONAI</u> OTRAC	<u> </u>	TOCHO PARE	☐ Change	Addilion
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D DOUGHER 18308 AVIL TAMPA FL	iy, georgia A BLVD.	☐ Delete	#		1			-02/16		□ Change □ □ ○ ○ ○ □ □ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	□ Addillon 2 002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHER 6306 S MA TAMPA FL	TY, NOEL C DILL #931	☐ Delate	1	_						☐ Change+	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	D Dougher 10265 gan St. Peter	IDY BLVD. N APT 1710	☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHER 7700 EMER LOS ANGE		☐ Deleta								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	157 BRYST GRAY TN	·	☐ Delete	CITY	EET ADDRESS '+ST-ZIP					1/2	Change	Addition
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED PAGE OF SKINING OFFICEN OR DIRECTOR Day-ITTE Phone 5												