

M16000007321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

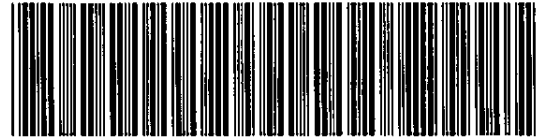
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300292316093

11/21/16--01016--016 **25.00

NOV 22 2016
S. YOUNG

16 NOV 21 PM 3:25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJVN COMPUTER CONSULTING< LLC
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:

Pauline Cape

Name of Person

MJVN COMPUTER CONSULTING LLC.

Firm/Company

3628 Christa Ct

Address

Ormond Beach/Florida, 32174

City/State and Zip Code

paulinecape3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pauline Cape at (386) 2148870
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 21 PM 3:25

**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. Name of the limited liability company: MJVN COMPUTER CONSULTING LLC

2. (a) 389 PALM COAST PKWY SW, STE 4 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

PALM COAST, FL 32137

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SEPTEMBER 14th, 2016

M16000007321

3. Date of filing/registration in Florida

4. Document number

5. (a) PAULINE CAPE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

389 Palm Coast PKWY SW, STE 4

Palm Coast, FL 32137

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
46 NOV 21 PM 3:25

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3628 Christa Ct

NEW Registered Office Address:

Ormond Beach

_____, FL 32174

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Pauline Cape

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

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