

P01000066591

Michael A. Knox, CPA, P.A.

Michael A. Knox, CPA, CVA  
701 South Howard Ave., Suite 203  
Tampa, FL 33606

(Address)

(City/State/Zip/Phone #)

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Ad Kelly

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MJL Consulting, Inc  
(Name of corporation)

DOCUMENT NUMBER: PO1000066591

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Knox  
(Name of person)

\_\_\_\_\_  
(Name of firm/company)

701 S. Howard Ave. Suite 203  
(Address)

Tampa FL 33606  
(City/state and zip code)

For further information concerning this matter, please call:

Michael Knox at (813) 258-1668  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 15, 2003

MICHAEL KNOX  
701 S. HOWARD AVE., STE 203  
TAMPA, FL 33606

SUBJECT: MJL CONSULTING, INC.  
Ref. Number: P01000066591

We have received your document for MJL CONSULTING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Need original signature for Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 403A00030142

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MJL Consulting, Inc
2. The principal office address: 1115 S. Florida Ave  
Tarpon Springs, FL 34689
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/2/01 Document number: P01000066591
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
MICHAEL J. LAUGHAN  
1115 S. FLORIDA AVE  
TARPOON SPRINGS, FL 34689

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Michael Knox  
701 S. Howard Ave., Suite 203  
(P.O. Box or personal mailbox NOT acceptable)  
Tampa FL 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

MICHAEL J. LAUGHAN, Pres.  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

5-5-03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314