

POS0000027903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

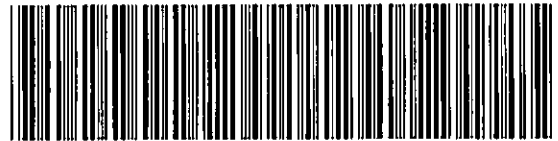
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MJS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P05000027903

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:

SCOTT LEHMAN

Name of Contact Person

LEHMAN LAW, PLLC

Firm/Company

121 ALHAMBRA PLAZA

Address

SUITE 1500 CORAL GABLES, FL 33134

City/State and Zip Code

SLEHMAN@LEHMANLAW.US

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

For further information concerning this matter, please call:

SCOTT LEHMAN

Name of Contact Person

at ( 786 )

709-9323

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

AGENTDESKS INCORPORATED

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F23000001466 \_\_\_\_\_

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashkaan Hassan

\_\_\_\_\_  
Name of Contact Person  
AGENTDESKS INCORPORATED

\_\_\_\_\_  
Firm/Company  
1221 BRICKELL AVE STE 900

\_\_\_\_\_  
Address  
MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code  
ashkaan@radiusagent.com

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

For further information concerning this matter, please call:

UNTHEYA D. WILMORE 415 569-3664

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount.

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|--|---|--|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Tallahassee, FL 32303  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: MIJS, INC.  
2. The principal office address: 121 ALHAMBRA PLAZA, SUITE 1500 CORAL GABLES, FL 33134

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/23/2005 Document number: P05000027903

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SCOTT LEHMAN  
255 ARAGON AVENUE, 2ND FLOOR  
CORAL GABLES, FL 33134

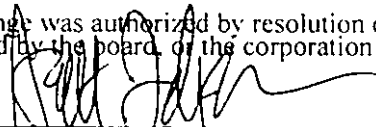
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEHMAN LAW, PLLC  
121 ALHAMBRA PLAZA, SUITE 1500  
CORAL GABLES, FL 33134

P.O. Box NOT acceptable

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 of an officer or director

SCOTT LEHMAN, MANAGER

\_\_\_\_\_  
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 of Registered Agent

4/25/23

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Scott Lehman, Manager Scott Lehman, P.A.  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAY -1 PM 12:02