## P0000001132

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(Address)			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: MJR CONSULTING, INC.

Name of Corporation

P06000011132

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:

JOSE G RODRIGUEZ

Name of Contact Person

MJR Consulting, Inc.

Firm/Company

1921 NW 150 AVE, STE 103C

Address

PEMBROKE PINES 33028

City/State and Zip Code

jose@selectreschool.com

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

For further information concerning this matter, please call:

jose rodriguez

<sub>4</sub>, 954

889-2929

Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2012

JOSE G. RODRIGUEZ MJR CONSULTING INC 1921 NW 150 AVE - STE. 103C PEMBROKE PINES, FL 33028

SUBJECT: MJR CONSULTING, INC.

Ref. Number: P06000011132

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

Registered agent must sign the document.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 412A00026982

PECEIVED
2 NOV 19 AM 10: 29
DESTRUCTOR CONTRACTOR SERVINGS
AND SERVINGS
THE AND SERVINGS
TH

SORRY!!

SORRY!!

HERESIGNED!

Jose N.

www.sunbiz.org

Division of Comparations DO POV 6227 Tollahassas Florida 22214

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

statement of cha	unge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this stion organized under the laws of the State of Florida	
	<b>5</b> 5 55	e or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: MJR Cons	uiting, inc.	
	office address: 1921 NW 1 e Pines, FL 33028	50 Ave, Ste 103C	
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification: 1/23/0	Document number: P06000011132	
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ster resigned)	
	Jose G Rodrigu	ez	
	1931 NW 150 Ave, S	te 101	
	Pembroke Pines, FL	33028	
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office	
	Jose Gabriel Rodrigu	ez	
	Jose Gabriel Rodriguez  1921 NW 150 Ave, Ste 103C  P.O Box NOT acceptable Pembroke Pines, FL 33028		
	P.O Box NOT acceptable		
	Pembroke Pines, FL	33028	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
Jienatu	are of an officer or director	Jose Gabriel Rodriguez PD Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered to comply with the provisions my duties, and I am familiar vis document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
11		11/1/12	
- Sings	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Printed Name	<del>_</del>	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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