P04000030942

| (1 | Requestor's Name) | | | |
|----------------------|------------------------|-----------|--|--|
| | Address) | | | |
| ((| Address) | | | |
| (| City/State/Zip/Phone # | f) | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (| Business Entity Name |) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | of Status | | |
| Special Instructions | to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

| AA INA AAUZE NAA DEUNICTON INIC | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: MJW MIKE WADDINGTON INC (Name of Corporation) | | | | | | |
| DOCUMENT NUMBER: P06000030962 | | | | | | |
| The enclosed Statement of Change of Registered Office/Agent a | and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the fo | ollowing: | | | | | |
| MICHAEL WADDINGTON | | | | | | |
| (Name of Contact Person) | | | | | | |
| MJW MIKE WADDINGTON INC (Firm/Company) | | | | | | |
| 3103 BELDEN ST #4 (Address) | | | | | | |
| JACKSONVILLE, FLORIDA 32207 (City/State and Zip Co | ode) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| MIKE WADDINGTON at (9) (Name of Contact Person) | 04 371-4942 trea 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 | | | | | |

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

| statement of cha | provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ | nized under the laws of the State of | FLORI | | · |
|--|---|--|--|---------------------------|--------------------------------|
| - | r to change its registered office or regist | | Florida. | | |
| | he corporation: MJW MIKE WADDING | | | | |
| 2. The principal | office address: 3103 BELDEN STREET | #4 JACKSONVILLE, FLORIDA | 32207 | ···· | ······ |
| 3. The mailing a | ddress (if different): | | , | | |
| 4. Date of incorp | poration/qualification: MAR 02,2006 | Document number: P0600 | 0030962 | | |
| | strect address of the current registered at tment of State: | ngent and registered office on file v | vith the | | |
| | MJW MIKE WADDINGTON INC | | | | |
| | 3619 TRAFALGAR WAY #101 | | | | |
| | CLEARWATER FLORIDA 3468 | 35 | | | |
| 6. The name and (if changed): | street address of the new registered age | nt (if changed) and /or registered o | ffice | | |
| | MJW MIKE WADDINGTON IN | C | 12 SE | 90 | |
| | 3103 BELDEN STREET #4 | | 至四 | NO. | П |
| | (P.O. Box NOT acceptable | | 355 755 755 755 755 755 755 755 755 755 | 5 | |
| | JACKSONVILLE, FLORIDA | 32207 | <u>-</u> 뜻유 | =2 | |
| The street address changed will | ess of its registered office and the street be identical. | t address of the business office of | its regis | <u>ာ</u> မြော့၏ ယ | agent, |
| Such change wa authorized by the | as authorized by resolution duly adopte ne board, or the corporation has been n | ed by its board of directors or by a officed in writing of the change. | an office | | |
| /Signatu | ure of an officer or director) | MICHAEL WADDINGTON (Printed or typed name a) | | DENT | <u> </u> |
| I hereby accept I further agree of of my duties, an document is bei | the appointment as registered agent as to comply with the provisions of all stated am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change. | nd agree to act in this capacity. tutes relative to the proper and c ligation of my position as registe he registered office address. I her | omplete i | oerfor t. Or ìrm th | rmance , if this hat the |
| (Si | gnature of Registered Agent) | (Date) | | | . |
| If signing on be | half of an entity: | | | | |
| | Typed or Printed Name) | e de la companya de l | | A.F | a |

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