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HOSEN OF TURNOLATE

MURPHY & JONES

Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Fon - +1-305-741-0020 e-mail - meilinger@murphyandjones.com www.murphyandjones.com

02/08/2022

Statement of Change of Registered Office/Agent

Dear Amendment Section Team,

we need to made an address change. Please see attached documents, the check is in the attachment as well.

I am looking forward to your kind reply.

Best/Regards Michael

COVER LETTER

. .

TO:	Amendment Section Division of Corporations		
SUBJE Name (ECT: Murphy & Jones Inc. of Corporation	<u> </u>	
DOCU	UMENT NUMBER: P10000074057		
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
Michae	d Meilinger		
Name o	of Contact Person	······································	
Murphy	y & Jones Inc.		
Firm/C	Company		
4585 Pc	once de Leon Blyd., Suite 719		
Addres	ss		
MIAMI	1, FL 33146		
City/St	ate and Zip Code		
	hello@muprhyandjones.com		
E-mail	l address: (to be used for future annua	I report notification)	
For fur	ther information concerning this matter, p	please call:	
Michael	ł Meilinger	at (786) 7793340 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclose	ed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida.	this ———			
1. The name of	the corporation: Murphy & Jones	Inc.				
2. The principa MIAMI, FL 331	Loffice address: 4585 Ponce de Leo	on Blvd Suite 719				
3. The mailing						
4. Date of incor	rporation/qualification: 09/09/2010	Document number: 110000074057				
	ed street address of the current regulariment of State: (If resigned, ente	istered agent and registered office on file with the resigned)				
	MANOS-SCHENK PL		~ 3			
	I Alhambra Plaza - Penthouse					
	Coral Gables, FL 33134		<u> </u>	# # # # # # # # # # # # # # # # # # #		
6. The name an (if changed):		ered agent (if changed) and /or registered office	AM II:			
	MANOS-SCHENK PL		17	;, ⁼		
	1395 Brickell Avenue, Suite 800					
	A4'' E1 22121164	P.O. Box NOT acceptable				
	Miami, FL 33131 USA					
The street addras changed wil	ress of its registered office and the	ne street address of the business office of its registe	ered a	gent,		
_		adopted by its board of directors or by an officer been notified in writing of the change.				
	<i>(</i>	Michael Meilinger, CEO				
· · · · · · · · · · · · · · · · · · ·	tire of an office or director	Printed or typed name and title				
I hereby accept I further agree of my duties, a document is be corporation ha	t the Apointment as registered a to Simply with the provisions of a 1 am familiar with and accept the filed merely to reflect a chan is heen notified in writing of this	igent and agree to act in this capacity, fall statutes relative to the proper and complete pet the obligation of my position as registered agent, age in the registered office address, I hereby conficenance.	erforn Or. i rm tha	nance if this it the		
7	. dele	Fevruary 7, 2022				
Si	gnature of Registered Agent	Date				
If signing on b	chalf of an entity:					
Stephan Schenk		_				
-	Typed or Printed Name	_				

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