## P1000063

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## **COVER LETTER**

Division of Corporations
SUBJECT: MJL CONSULTING SALVICES TWO.  Name of Corporation
DOCUMENT NUMBER: P11000065136
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:
Name of Contact Person
MITY CONSUHING SOLVIUS TUC.
7401 Wiles Roud Soite 216
Coval Spices FL 33067 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wency Singer  Name of Contact Person  at (305) 235 8885 XIPY  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
Tailahassee, 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 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 Consylling Selvings The  2. The principal office address: 175 SW 7 STREET So the 1908  MIGNIC FL 33180  3. The mailing address (if different): Saule as Gyare  4. Date of incorporation/qualification: 7 SW Document number: P11 ED CO 65 136  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)  Mitchell Liss  Wellson Florida State: (33319)
2. The principal office address: 175 SW 7 STREET Softe 1908  MIGNIC FL 33180  3. The mailing address (if different): South as Gyare  4. Date of incorporation/qualification: 7 SM Document number: P18000 65136  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)  Mitchell Liss  124 S, 1344 Lieux
2. The principal office address:
3. The mailing address (if different): Saule as Gyare  4. Date of incorporation/qualification: 7 (S   11 Document number: P11 80 60 65 136  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)  Mitchell Liss  124 S. 1244 Lieuce
4. Date of incorporation/qualification: 7 S M Document number: P116860 65136.  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)  Mitchell Liss  124 S, 1244 Lieuce
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)  Mitchell Liss  124 S. 1344 Lleuce
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)  Mitchell Liss  124 S. 1344 Jeauc
120 S, 13th Lieure EE T
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Hollyscol FC 33019 2 7
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
- MACHER LIBS
P.O. Box NOT acceptable
Migm. FL 33130
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.
- Mrt
Signature of an officer or director  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.
9/18/18
Signature of Registered Agent Date
If signing on behalf of an entity:
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 (03/12)