

P/4000072913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

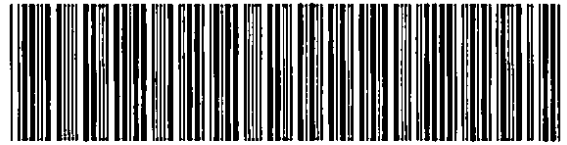
(Business Entity Name)

(Document Number)

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I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **CWJ UNIVERSAL ENTERPRISES INC.**  
Name of Corporation

**DOCUMENT NUMBER:** **P14000072913**

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:

**Mildred Washington**

Name of Contact Person

**CWJ Universal Enterprises Inc**

Firm/Company

**1126 S. Federal Hwy #212**

Address

**Fort Lauderdale, FL 33316**

City/State and Zip Code

**admin@cwjuniversalenterprises.com**

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

For further information concerning this matter, please call:

**Mildred Washington**

Name of Contact Person

at ( **954** ) **5572622**

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

May 9, 2019

MILDRED WASHINGTON  
1126 S. FEDERAL HWY #212  
FORT LAUDERDALE, FL 33316

SUBJECT: CWJ UNIVERSAL ENTERPRISES INC.  
Ref. Number: P14000072913

We have received your document for CWJ UNIVERSAL ENTERPRISES 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):

The registered agent must sign accepting the designation.

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: 319A00009414

RECEIVED

2019 JUN -3 AM 11:11

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**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: CWJ Universal Enterprises inc  
2. The principal office address: 1126 S. Federal Hwy #212, Fort Lauderdale, Florida 33316

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

4. Date of incorporation/qualification: 09/03/2014 Document number: P14000072913

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)

Chris Washington

611 Carolina Avenue

Fort Lauderdale, Florida 33312

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

Registered Agents Inc

7901 4th St N. Ste 300

P.O. Box NOT acceptable

St. Petersburg, Florida 33702

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.

Mildred Washington  
Signature of an officer or director

Mildred Washington, Vice President  
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.*

Bill Haver  
Signature of Registered Agent

04/26/2019  
Date

If signing on behalf of an entity:

Registered Agents Inc

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)