

P15000003395

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M and J Solutions Corp.

Name of Corporation

**DOCUMENT NUMBER:** P15000003395

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:

Miguelina Estrella

Name of Contact Person

M and J solutions Corp.

Firm/Company

16037 Bay Vista Dr

Address

Clermont, Fl. 34714

City/State and Zip Code

mjsolutions.me@gmail.com

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

For further information concerning this matter, please call:

Miguelina Estrella

Name of Contact Person

at ( 352 ) 777-8982

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

**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 FL registered in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: M and J Solutions Corp
2. The principal office address: 16037 Bay Vista Dr. Clermont FL 34714
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/09/2015 Document number: P15000003395
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)

EQUINOX SOLUTIONS CORP  
2800 S ORANGE BLOSSOM TRL  
ORLANDO, FL 32805

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

JOSE B. FELIZ


580 SE 34TH TERR.

P.O. Box NOT acceptable

HOMESTEAD, FL. 33033

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

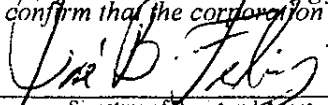
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Miguelina Estrella 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.

  
\_\_\_\_\_  
Signature of Registered Agent

02/23/2016

Date

If signing on behalf of an entity:

Jose B. Feliz

Typed or Printed Name

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

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