

P150000049533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

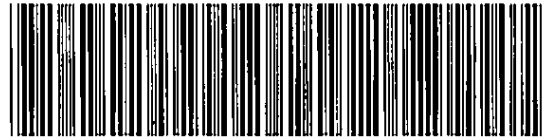
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 11 PM 3:19
SECTION 407
FALLAUX OFFICE, FLORIDA

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SEP 14 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAMUS inc

Name of Corporation

DOCUMENT NUMBER: P15000049533

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:

John I. Mamus

Name of Contact Person

MAMUS inc

Firm/Company

601 N. Ashley Dr, Ste 1100 - 177

Address

Tampa, Florida 33602

City/State and Zip Code

info@mamusinc.com

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

For further information concerning this matter, please call:

John I. Mamus

Name of Contact Person

at (516) 330-8360

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

1. The name of the corporation: Mamus inc.
2. The principal office address: 601 N. Ashley Dr., Ste 1100-177, Tampa, FL 33602
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/3/2015 Document number: P15000049533
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)

John I. Mamus

3902 HENDERSON BLVD STE 208-218

TAMPA, FL 33629

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

John I. Mamus

601 N. Ashley Dr., Ste 1100-177

P.O. Box NOT acceptable

Tampa, FL 33602

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]
Signature of an officer or director

John I. Mamus

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]
Signature of Registered Agent

9/6/2018

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)

FILED
2018 SEP 11 PM 3:10
SCTA 2018 SEP 11 11:00
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 09-11-2018 BY 60322 UCBAW