P15000049533

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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10/21/24--01019--018 ++35.00

T/ H

COVER LETTER

TO:	Amendment Section Division of Corporations	
SURI	ECT: MAMUS inc.	
Name	of Corporation	
DOC	UMENT NUMBER: P15000049533	
The er	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	is matter to the following:
_	un Streetman	
	of Contact Person	
	tman Law	
	Company	
Addre	L Jackson St., Ste. 305	
	a, FL 33602	
•	State and Zip Code	
-	info@mamusinc.com	
E-ma	il address: (to be used for future annua	al report notification)
For fi	urther information concerning this matter,	please call:
John i	Mamus	at (516)330-8360 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida ler 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	Forlice address: 505 East Jackson Street, Suite 305-772, Tampa, Florida 33602			
3. The mailing:	address (if different):			
4. Date of incorporation/qualification: 7/1/2015 Document number: P15000049533				
5. The name an	nd street address of the current registered agent and registered office on tile with the artment of State: (If resigned, enter resigned)			
	John Mamus			
	107 N 11th Street #537			
	Tampa, FL 33602			
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office Streetman Law			
	505 E. Jackson St., Ste. 305			
	P.O. Box NOT acceptable			
	Tampa, FL 33602			
The street addras changed wil	ress of its registered office and the street address of the business office of its registered agent, ill be identical.	201	With Or	
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		î.	
	John Mamus / PD One of an other of director Printed or typed name and title			
I hereby accept further agree of my duties, a document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eine filed merely to reflect a change in the registered office address. I hereby confirm that the as been faitfully writing of this change.			
4	In Aug 2024 Ignature of Spelkered Agent Date			
	behalf of an entity: 1. STREETMAN, PRESIDENT OF STREETMAN LAW			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E945 (93/13)

Typed or Printed Name

mat.0.7.21 (21.17) at