## 017000057588

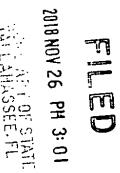
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

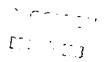
Office Use Only



600321071816

11/26/18--01015--030 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MJD CONSULTING INC.  Name of Corporation
DOCUMENT NUMBER: <u>P17 0000 575 88</u>
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:
Michael J. Dammann Name of Contact Person
MJD Consulting Inc Firm/Company
9237 Woodstack Drive
Lake land FL 33810 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAE DAMMANN at (856) 418-8215  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of $\_$ $+$ $ +$ in the State of $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	lorida	
	the corporation: MJD Consulting INC.		
	office address: 9237 Woodstock Drive		
	Lakeland, FL 33810		
3. The mailing ac	address (if different):	<del></del>	
4. Date of incorp	rporation/qualification: 7/5/2017 Document number: P1700	DOO 5	7 <b>58</b> 8
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	ne	
	Lillian Dammann		
	2016 Bay Drive Apt 305	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	2
	Miami Beach, FL 33141  Ad street address of the new registered agent (if changed) and for registered office	NOV	
6. The name and (if changed):	:	26 PH	<b>E</b> [1]
	Michael J. Dammann		, <b>O</b>
	9237 Woodstock Drive	<u> </u>	<b>-</b>
	9237 Woodstock Drive P.O. Box NOT acceptable Lakeland, FL 33810		
	Lakeland, FL 33810		
The street addre	ress of its registered office and the street address of the business office of its registered.	gistered a	igent.
Such change was	vas authonized by resolution duly adopted by its board of directors or by an official board, or the corporation has been notified in writing of the change.	cer so	
/ • 7	dree of an officer or director Michael J. Dammann Printed or typed name and fitte		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	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 comple  If my duties, and I am familiar with and accept the obligation of my position as  It is document is being filed merely to reflect a change in the registered office ac  In that the corporation has been notified in writing of this change.	te registere ddress, l	rd
Mundo	III   Marie of Registered Agent   Date		
Sig	ignature of Registered Agent Date		
Af signing on be	pehalf of an entity:		
T.	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * .*		