# P18000053267

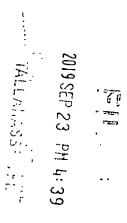
| , <b>f</b> (R           | equestor's Name)                        |
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| (A                      | ddress)                                 |
|                         | ddress)                                 |
| (^                      | uuless)                                 |
| (C                      | ity/State/Zip/Phone #)                  |
| PICK-UP                 | WAIT MAIL                               |
| (B                      | usiness Entity Name)                    |
|                         | ocument Number)                         |
| (L                      | ocument Number)                         |
| Certified Copies        | Certificates of Status                  |
| Special Instructions to | o Filing Officer:                       |
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Office Use Only



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#### COVER LETTER

TO: A

Amendment Section Division of Corporations

SUBJECT: CBJ CONSULTING GROUP CORP

Name of Corporation

DOCUMENT NUMBER: P18000053267

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:

## Carlos Reyes

Name of Contact Person

## CBJ CONSULTING GROUP CORP

Firm/Company

1391 NW ST LUCIE WEST BLVD #117

Address

PORT SAINT LUCIE, FL 34986

City/State and Zip Code

rjfventureholdings@gmail.com

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

For further information concerning this matter, please call:

Carlos Reyes

786 449-851

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 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

3018 2EL S3 LW 15: 16

CR2E045 (03/12)

BECENED

### BUTH FUR CURPURATIONS

|  | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of  |             |
|--|--|-------------|
| -  | ler to change its registered office or registered agent, or both, in the State of Florida.   |             |
| 1. The name of   | f the corporation: CBJ CONSULTING GROUP CORP   |             |
| •  | al office address: 1391 NW ST LUCIE WEST BLVD, #117 SAINT LUCIE, FL 34986  | <del></del> |
| 3. The mailing a   | address (if different):  |             |
| 4. Date of incor   | rporation/qualification: 06/13/2018 Document number: P18000053267  | •           |
|  | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)   |             |
|  | Carlos Reyes   |             |
|  | 5228 NW WISK FERN CIRCLE   |             |
|  | PORT SAINT LUCIE, FL 34986   |             |
| 6. The name and (if changed):  | PORT SAINT LUCIE, FL 34986  Post address of the new registered agent (if changed) and /or registered of Saint Sain | ruveni<br>  |
|  | Carlos Reyes   | ارجا        |
|  | 1391 NW ST LUCIE WEST BLVD #117  |             |
|  | P.O. Box NOT acceptable P.O. Box NOT acceptable FL 3L1936  |             |
| The street address changed will  | ress of its registered office and the street address of the business office of its registered ageing the identical.  | nt,         |
| Such change was authorized by the  | 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.  |             |
| Signatu  | wre of an officer or director  Cast CS Reyes  Printed or typed name and title  |             |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.  |             |
| Carly  | 9/12/2019  |             |
|  | ehalf of an entity;  |             |
|  |  |             |
| T  | Typed or Printed Name  |             |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE