

P190000 64269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

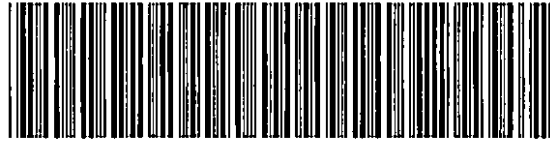
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STATE
REGISTRARS

Ra Change

COVER LETTER

TO: Amendment Section
Division of Corporations

MOUNTVIEW CAPITAL, INC

SUBJECT: _____

Name of Corporation

P19000064269

DOCUMENT NUMBER: _____

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:

SABRINA JUMA

Name of Contact Person

MOUNTVIEW CAPITAL, INC

Firm/Company

1730 BRIDGETS COURT

Address

KISSIMMEE, FLORIDA 34744

City/State and Zip Code

SABRINA.JUMA@GMAIL.COM

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

For further information concerning this matter, please call:

SABRINA JUMA

407

341-8008

Name of Contact Person

at (_____)

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

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RECEIVED
DIVISION OF CORPORATIONS
OCT 15 2019

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: MOUNTVIEW CAPITAL, INC
2. The principal office address: 1730 BRIDGETS COURT
KISSIMMEE, FLORIDA 34744
3. The mailing address (if different): _____

4. Date of incorporation/qualification: SEPT 1, 2019 Document number: P19000064269

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)

ZAEEN JUMA

1730 BRIDGETS COURT

KISSIMMEE, FLORIDA 34744

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

SABRINA JUMA

1730 BRIDGETS COURT

P.O. Box NOT acceptable
KISSIMMEE, FLORIDA 34744

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

SABRINA JUMA, 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

10/8/19
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

19 OCT 15 AM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA