

P190000 67493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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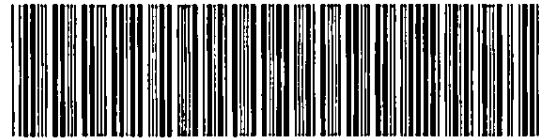
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MJB CONSULTING GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P1900067493

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:

DEBORAH J. BROST

Name of Contact Person

MJB CONSULTING GROUP, INC.

Firm/Company

917 1st. STREET NORTH

Address

JACKSONVILLE BEACH, FL 32250

City/State and Zip Code

DJBROST@BELLSOUTH.NET

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

For further information concerning this matter, please call:

DEBORAH J. BROST

Name of Contact Person

at ( 904 ) 307-3143

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: MJB CONSULTING GROUP, INC.

2. The principal office address: 917 1st. STREET NORTH, JACKSONVILLE BEACH, FL 32250

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/29/2019 Document number: P1900067493

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)

DEBORAH J. BROST  
683 SELVA LAKES CIRCLE  
ATLANTIC BEACH, FL 32233

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

DEBORAH J. BROST  
917 1st. STREET NORTH  
JACKSONVILLE BEACH, FL 32250

P.O. Box NOT acceptable

2020 JAN 23 PM 4:40

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.

Michael John Brost  
Signature of an officer or director

MICHAEL JOHN BROST ✓  
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.*

Deborah J. Brost  
Signature of Registered Agent

01/20/2020  
Date

If signing on behalf of an entity:

DEBORAH J. BROST  
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