P21000060303

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





500387023745

05/20/22--01020--019 **85.00



A. BUTLER

JUL 25 2022

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MMAJ INC Name of Corporation		
DOCUMENT NUMBER: P21000060303		
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Liao Minahan Name of Contact Person		
Name of Contact Person		
MMAJ INC		
Firm/Company		
4848 Charowen Dr.		
11001000		
Orlando, FL 32837 City/State and Zip Code		
City/State and Zip Code		
Xiaowang 97 @ yahoo.	(om	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Xiao Minahan	at (<u>407</u>) <u>687</u> - 000 5 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	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

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: MMAJ INC
2. The principal office address: 490 4th St N, STE 300 St. Petersburg, FL 33702
3. The mailing address (if different): 4901 4th St. N. STE 4000 St Deters burg. FL 33702
4. Date of incorporation/qualification: 06/28/21 Document number: P21000060303
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)
Registered Agent Solutions, INC
155 Office Plaza Drive, Suite A
Talla hassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Registered Agents Inc.
7901 4th St N STE 300 ₹ 8 ₹
St. Petersburg FL 33702
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 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.
But None Signature of Registered Agent Date
If signing on behalf of an entity:
Bill Havre
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