

P21000060938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

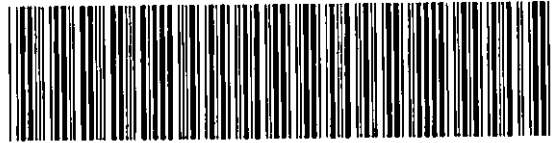
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TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED CHANGE OF AGENT FOR:

BJK INSTITUTIONS INC.

PLEASE RETURN A STAMPED COPY

CHECK: #9957 AMOUNT: \$35.00

THANK YOU!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BJK Institutions Inc.
Name of Corporation

DOCUMENT NUMBER: P21000060938

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:

Bashar Katou

Name of Contact Person

BJK Institutions Inc.

Firm/Company

16699 Collins Ave #2402

Address

Sunney Isles, FL 33160

City/State and Zip Code

bashar.katou101@gmail.com

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

For further information concerning this matter, please call:

Bashar Katou

Name of Contact Person

at (619) 6352218

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BJK Institutions Inc.

2. The principal office address: 16699 Collins Ave #2402
Sunny Isles, FL 33160

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/29/2021 Document number: P21000060938

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)

DENNIS, JULIA D., ESQ. SHUFFIELD, LOWMAN & WILSON, P.A.

1000 LEGION PLACE, STE 1700

Orlando, FL 32801

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

Registered Agent Solutions, Inc.

2894 Remington Green Ln. Ste. A

P.O. Box NOT acceptable

Tallahassee, FL 32308

TALLAHASSEE, FLORIDA

2024 OCT 17 AM 10:24

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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.

Bashar Katou
Bashar Katou (04/13/2024) P21000060938 EOT
Signature of an officer or director

Bashar Katou, Owner
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.

Sandra Linares
Signature of Registered Agent

10/16/2024
Date

If signing on behalf of an entity:

Sandra Linares, Assistant Secretary
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