P23000048658

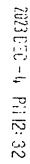
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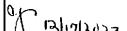
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: JMAZ ENTERPRISES, INC. of Corporation	
DOC	UMENT NUMBER: P23000048658	
The er	nclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning th	is matter to the following:
JUSTI	N MASLOSKI	
Name	of Contact Person	
JMAZ	ENTERPRISES, INC.	
Firm/0	Company	
19933	ESTERO VERDE DR	
Addre	SS	
FORT	MYERS, FL 33908	
City/S	State and Zip Code	
	imazenterprises@gmail.com	n
E-ma	il address: (to be used for future annu	al report notification)
For fu	orther information concerning this matter,	, please call:
JUSTI	N MASLOSKI	at (218)770-8235 Area Code & Daytime Telephone Number
•	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to th	e Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: MAZ ENTERPRISES, INC.	statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.		
2. The principal office address: 19933 ESTERO VERDE DR, FORT MYERS, FL 33908 3. The mailing address (if different): 4. Date of incorporation/qualification: 12/1/2023 06/27/2023 Document number: P23000048658 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) 10220 OLIVEWOOD WAY UNIT 48 ESTERO, FL 33928 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 19933 ESTERO VERDE DR P.O. Hox NOT acceptable FORT MYERS, FL 33908 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. 1 USTIN MASLOSKI, PRESIDENT Protect or injust name and utle 1 hereby accept the appointment as registered agent and agree to act in this capacity. 1 Interior 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. Thereby confirm that the corporation has been notified in writing of this change.	1. The name of	the corporation: JMAZ ENTERPRIS.	SES, INC.		
4. Date of incorporation/qualification: 1241/2023					
4. Date of incorporation/qualification: 1241/2023	3. The mailing a	address (if different):			
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) JUSTIN MASLOSKI 10220 OLIVEWOOD WAY UNIT 48 ESTERO, FL 33928 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): JUSTIN MASLOSKI 19933 ESTERO VERDE DR P.O. Box NOT acceptable FORT MYERS, FL 33908 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. JUSTIN MASLOSKI, PRESIDENT Printed or type tame and tule 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 dutics, 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. Thereby confirm that the corporation has been notified in writing of this change.	4. Date of incor	poration/qualification: 12/1/2023 06	6/27/2023 Document number: P23000048658		
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	l further agree of my duties, ar document is bei	to comply with the provisions of aload I am familiar with and accept the ing filed merely to reflect a change	ll statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this ≥ in the registered office address, I hereby confirm that the		
Signature of Registered Agent Date	1)	\mathcal{W}	12/1/2023		
	Sig	gnature of Registered Agent	Date		
If signing on behalf of an entity:	If signing on be	chalf of an entity:			
Typed or Printed Name		Arted or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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