# P23000053738

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(Do	cument Number)	<del></del>
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## **COVER LETTER**

Division of Corporations	
SUBJECT: AJ NAY INC Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: P23000053	738
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
AJNAY	
Name of Contact Person	
Firm/Company	<del></del>
3131 NE 1ST AVE. #1703	
Address	
MIAMI, FL 33137	
City/State and Zip Code	
ajnay@icloud.con	n
E-mail address: (to be used for futu	are annual report notification)
For further information concerning th	is matter, please call:
AJ Nay	at (562 )301-5899  Area Code & Daytime Telephone Number
Name of Contact Person	on Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made paya	able to the Department of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporation	· ·
P.O. Box 6327	The Centre of Tallahassee  2415 N. Monroe Street, Suite 810
Tallahassee El 32314	4 2915 IN. INTORFOR STREET, SURE \$10

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 6 mge is submitted for a corporation r to change its registered office of	n organized under the laws of th	e State of Florida
1. The name of t	he corporation: AJ NAY INC	_	
2. The principal	office address: 936 SW 1st Ave. #	955, Miami, FL 33130	
	ddress (if different):		CA: 3637725
4. Date of incorp	poration/qualification: 6/28/2023 F	Document number	FL: P23000053738
	street address of the current registment of State: (If resigned, enter		e on file with the
	NORTHWEST REGISTERED AC	GENT LLC	
	7901 4TH ST N STE 300		
	ST. PETERSBURG, FL 33702		<del></del>
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or re	gistered office
	AJ Nay		,
	3131 NE 1st Ave. #1703		- )
	· · · · · · · · · · · · · · · · · · ·	PO Box NOT acceptable	
	Miami, FL 33137		
The street address changed will	ess of its registered office and the be identical.	e street address of the business	office of its registered agent,
	as authorized by resolution duly a board, or the corporation has b		
80 V	Taux	Al Nay ALA ARIC	J. NAY
Signatu	re of an officer or director	Printed or type	ed name and title
I further agree : of my duties, an document is hei	the appointment as registered as comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this of A	all statutes relative to the prope the obligation of my position as ge in the registered office addro	er and complete performance s registered agent. Or, if this
-9/2 1	(ar)	1/13/2024	
If signing on he	half of an entity:	1)	ate
ar signing on be	ikai vi an viiayi		
<del></del>	sped 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 \* \* \*

#### ARTS-GS

### Articles of Incorporation of a General Stock Corporation

To form a general stock corporation in California, you can fill out this form or prepare your own document, and submit for filing along with:

- A \$100 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.

Important! Corporations in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

3637725

**FILED** 

Secretary of State State of California

JAN 1 6 2014

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private	e attorney for advice about your specific business needs.	This Spi	ace For Office Use Only
	For questions about this form, go to www.	sos.ca.gov/business/be/filing-	tips.htm.
Corpor	rate Name (List the proposed corporate name. Go to www.sos equirements and restrictions.)	ca.gov/business/be/name-availabi	lity.htm for general corporate
1	The name of the corporation is AJ Nay, Inc.		
Corpor	rate Purpose		
2	The purpose of the corporation is to engage in any la organized under the General Corporation Law of Californ business or the practice of a profession permitted to be in	nia other than the banking bus	siness, the trust company
service	e of Process (List a California resident or an active 1505 corpo of process in case your corporation is sued. You may list any adul gent. Do not list an address if the agent is a 1505 corporation.)	ration in California that agrees to t It who lives in Califomia. You may	be your initial agent to accept not list your own corporation
3	a. Brian Castorena		······································
	Agent's Name		
	b. 3030 Old Ranch Pkwy #110	Seal Beach	CA 90740
	Agent's Street Address (if agent is not a corporation)	City (no abbreviations)	State Zip
•	rate Addresses	r Dl	CA 90803
4	a. 3633 E Broadway #100	Long Beach	State Zip
	Initial Street Address of Corporation	City (no abbreviations)	State Lip
	b. Initial Mailing Address of Corporation, if different from 4a	City (no abbreviations)	State Zip
must co	s (List the number of shares the corporation is authorized to issue, imply with the Corporate Securities Law of 1968 administered by the ww.corp.ca.gov or call the California Department of Corporations at	re California Department of Corpor	sold or issued, the corporation ations. For more information,
(5)	This corporation is authorized to issue only one class of s	shares of stock.	
	The total number of shares which this corporation is auth	orized to issue is	100,000
This for paper (8	m must be signed by each incorporator. If you need more space, 3 1/2 1/4 11"). All attachments are made part of these articles of inco	orporation.	f and on standard letter-sized
Inc	V/ • • • • • • • • • • • • • • • • • • •	name here	<del></del>
	orporate digital and a second a		
Make ch	neck/money order payable to: Secretary of State	By Mail	Drop-Off

payment of a \$5 certification fee.

Upon filing, we will return one (1) uncertified copy of your filed

document for free, and will certify the copy upon request and

Secretary of State

1500 11th Street, 3rd Floor

Sacramento, CA 95814

Secretary of State

Business Entities, P.O. Box 944260

Sacramento, CA 94244-2600

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I hereby certify that the foregoing transcript of poge(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 22 2014

LKA

Date:\_

DEBRA BOWEN, Secretary of State