

P97000038544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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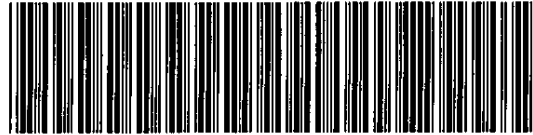
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M. J. O. Holding Corp  
(Name of Corporation)

**DOCUMENT NUMBER:** P 97000038544

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:

Michael Winer  
(Name of Contact Person)

WINER & ASSOCIATES, P.A.  
(Firm/Company)

333 N. New River Drive East  
(Address)

FT LAUDERDALE, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael ONeal at (561) 305-0439  
(Name of Contact Person) (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: M.S.O. Holding  
2. The principal office address: 8043 N. MACARTHUR #3148  
IRVING TX 75063  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-24-1998 Document number D97 0000 38544  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael Oweal  
12766 SPIKE MUSH Circle  
BOCA RATON, FL 33488

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

Michael Winer  
333 N. New River Drive EAST  
(P.O. Box NOT acceptable)  
FT LAUDERDALE FL 33301

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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.

[Signature]  
(Signature of an officer or director)

Michael Oweal President  
(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.

Michael Winer  
(Signature of Registered Agent)

7-2-06  
(Date)

If signing on behalf of an entity:

Michael Winer  
(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  
CR2E045 (8/05)