149579

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF TAIR

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7,29,11

COVER LETTER

For further information concerning this matter, please call:

Name of Contact Person at (321) 800 3945

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 ofiDAin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: METROPOLITAN BUSINESS ASSOCIATION
2. The principal office address: 23 S. OSCEOLA AV
3. The mailing address (if different): 23 S. OSEEOLA AV ORLANDO, FL 32801
4. Date of incorporation/qualification: 6/22/92 Document number: N49579
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)
MIKAEZ F. AUDEBERT
100 S. EOLA DR, # 1602
ORLANDO, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GINA DUNCAN
23 S. OSCEOLA AV P.O. Box NOT acceptable
ORLANDO, FL 32801
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.
Lena L. Duncan Printed or typed name and tills Signaturated an officer or director Printed or typed name and tills
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.
Signature of Registered Agent 7/25/11
If signing on behalf of an entity:
Metropolitan Rysines Assoc. 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