## P050000 95803

Office Use Only



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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Monds Realty and Investments, Inc.

Name of Corporation

P05000095803

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:

Lloyd L Monds

Name of Contact Person

Monds Realty and Investments, Inc.

Firm/Company

P.O. Box 1215

Address

Land O Lakes, FL 34639

City/State and Zip Code

lloyd@themondsagency.com

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

For further information concerning this matter, please call:

Lloyd L Monds

at (813 ) 417-9405 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

statement of cha	inge is submitted for a corporati	. 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
		ty and Investments, Inc.
2. The principal	office address: 12954 N. Da	ale Mabry Hwy, Tampa, FL 33618
	address (if different): P.O. Box Lakes, FL 34639	x 1215
4. Date of incor	poration/qualification: 07/01/	/2005
5. The name and		gistered agent and registered office on file with the
	Lloyd L Monds	
	18541 FL- 52	
	Land O Lakes, FL 3463	38 THE SECOND SE
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office
	Lloyd L Monds	 မှ
	12954 N. Dale Mabry H	
	Tampa, FL 33618	) Box_NOT acceptable
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its registered agent.
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
		President Lloyal L Monds
I hereby accept I further agree performance of	to comply with the provisions o "my duties" and I am familiar w	Printed or typed name and totle agent and agree to act in this capacity, f all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address. I solified in writing of this change.
ı.	A	09/12/2019
Signature of Registered Agent		Date
If signing on be	chalf of an entity:	
T	yped or Printed Name	_

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