P0600 141 752

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	nent Section i of Corporations	
SUBJECT:	MT Neville, Inc.	Corporation
DOCUMENT N	NUMBER: PULLUOC	147752
The enclosed Sta	atement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matt	er to the following:
	Mayk A Nev Name of Co	mact renam
	7000 Casis Or	and Blvd = 2101 dress
	FM A 33911 City/State a	and Zip Code
	E-mail address: (to be used for	future annual report notification)
For further infor	mation concerning this matter, please	call:
Mary	V A NEVILL AR	at (<u>23°) 21830 15</u> Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Depa	
	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	provisions of sec nge is submitted r to change its re	for a corpoi	ation organi	zed under the la	ws of the State	of Florida
1. The name of t	he corporation:_	MTNE	Ville Ir	1(
2. The principal	office address:	_	<u>Oasis</u> R 33		Blvd	#2101
3. The mailing a	ddress (if differe					
4. Date of incorp	ooration/qualifica	ition: <u>Se</u> O	+ 200	Document	number: P(17 H1000010
	l street address of tment of State: (l		-	_	ed office on file	with the
	CYIT	M NE	ville			
	18301	Hunt	ers <u>(1</u>	en rd		
	NFN	16	33917			
6. The name and (if changed):	I street address of	·	gistered agen	- '	id /or registered	NG 26
	3000 FM 6	0051	,	nd Bira	<u> </u>	一點主
The street addre	ess of its register be identical.			ddress of the bu	isiness office o	of its registered agent.
Such change wa authorized by th		resolution d orporation l	uly adopted as been noti	by its board of of the field in writing of	directors or by of the change.	an officer so
	ie of an officer or direc	tor		Print	M NE.VIV	Cr d'utie
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment to comply with th my duties, and I is document is be that the corpora	as registere e provision am familian ting filed me tion has bee	ed agent and s of all statu with and ac erely to refle n notified in	agree to act in les relative to th cept the obligat ct a change in to writing of this o	this capacity. ne proper and c tion of my posit he registered o change.	complete tion as registered ffice address, I
-M	nature of Registered A	1			8/22/19	
Signing on bel		gent			v Date v	
	A NCVIU	74				

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