

PI20000000384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

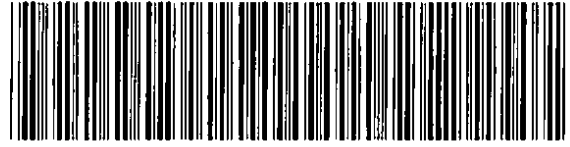
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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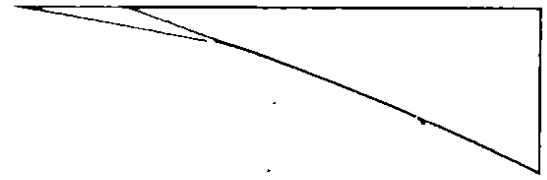
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HARBOR
COMPLIANCE



Aug 16, 2023

To:

Florida Secretary of State

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Regarding: MIAMIQUIP MACHINERY & PARTS, INC.

Hello,

Please see the enclosed documents for the Statement of Change of Registered Office or Registered Agent or Both for Corporations for MIAMIQUIP MACHINERY & PARTS, INC., Document number P12000000384. Also enclosed is a check for \$35.

If any further information is needed, please contact me via phone at 717-294-0463 or via email at afrederick@harborcompliance.com. Please return any documents via mail to my attention at the below address:

Harbor Compliance

1830 Colonial Village Lane

Lancaster, PA 17601

Thank you,

Ami Frederick

Harbor Compliance

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMIQUIP MACHINERY & PARTS, INC.
Name of Corporation

DOCUMENT NUMBER: P12000000384

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:

Ami Frederick

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

david@miamiquip.com

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

For further information concerning this matter, please call:

Ami Frederick

Name of Contact Person

at (717) 294-0463

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MIAMIQUIP MACHINERY & PARTS, INC.

2. The principal office address: 6670 Bristol Lk S, Delray Beach, FL 33446

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/03/2012 Document number: P12000000384

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)

WEINER, DAVID
6670 BRISTOL LAKE S
DELRAY BEACH, FL 33446

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

Registered Agents Inc
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

8/16/2023

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.

/s/ David Weiner
Signature of an officer or director

David Weiner
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.

[Signature]
Signature of Registered Agent

08/16/2023
Date

If signing on behalf of an entity:

David Roberts
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