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SECRETARY OF STATE TALLAHASSEE FLORIDA

DEC 3 0 2015

R. WHILE

COVER LETTER

Amendment Section Division of Corporations

TO:

-2₩		
SUBJECT:	Mt-Barz Corpora	tion
	Name of	Corporation
DOCUMENT NUMBE	P12000057262 R:	
The enclosed Statement	of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence	ondence concerning this mat	ter to the following:
<u>Ma</u>	nuel L. Crespo, Esq Name of C	ontact Person
Gr	eenspoon Marder	
	Firm/C	Company
60	O Brickell Avenue, 3	B6th Floor
	Ad	dress
Mi	ami, FL 33131	
	City/State a	and Zip Code
n	anuel.crespo@gmlaw.c	com
E-ma	il address: (to be used for	future annual report notification)
For further information co	oncerning this matter, please	call:
Manuel L. Crespo	Contact Person	at (305) 546-3931 Area Code & Daytime Telephone Numbe
Name of C	Contact Person	Area Code & Daytime Telephone Numbe
Enclosed is a \$35.00 chec	k made payable to the Depa	rtment of State.
Ā D	Mailing Address: Amendment Section Division of Corporations O Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida r a corporation organized under the laws of the State of stered office or registered agent, or both, in the State of	Florida_
1. The name of the corporation:	MT-BARZ CORPORATION	
2. The principal office address:	5601 Collins Avenue, apt. 1221 Miami Beach, FL 33140	
3. The mailing address (if different):	·	· · · · · · · · · · · · · · · · · · ·
4. Date of incorporation/qualification	n: 07-12-2012 Document number: P1200	0057262
5. The name and street address of the Florida Department of State: (If re	e current registered agent and registered office on file wesigned, enter resigned)	vith the
Manuel L. Crespo, Esq.		_
201 Alhambra Circle, S	Suite 1205	
Coral Gables, FL 33134		· -
(if changed): Manuel L Greenspoon Ma	Avenue, 36th Floor	DEC 28
Miami, FL 331	P.O. Box NOT acceptable	AM IO: 3 OF SIAI OF FLORIE
The street address of its registered of as changed will be dentical.	office and the street address of the business office of it	s registered agent,
Such change was authorized by reso authorized by the board, or the corn	olution duly adopted by its board of directors or by an oration has been notified in writing of the change.	officer so
Signature of an officer or director	MANUEL L. CRESPO Printed or typed name and the	R.A.
performance offmy duties, and I am agent. Or lifthis document is being hereby confirm that the corporation	registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and com familiar with and accept the obligation of my position filed merely to reflect a change in the registered offic has been notified in writing of this change.	aplete i as registered e address, I
Signature of Registered Agent	Date	
If signing on behalf of an entity:	•	
Manuel L. Crespo, Esq. 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 (03/12)