## P13000066800

(Re	questor's Name)	
(Ad	dress)	
(Aď	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

2017 MAY 19 PM 3: 15

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## **COVER LETTER**

TO:

Amendment Section
Division of Corporations

<sub>SUBJECT:</sub> 1881 MR Corporation

Name of Corporation

DOCUMENT NUMBER: P130

P13000066800

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:



Name of Contact Person

1881 MR Corporation

Firm/Company

245,18th street Apt 603

Address

Miami Beach

City/State and Zip Code

FL 33139

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

For further information concerning this matter, please call:

Angela Rovati

,39

3388919335

Name of Contact Person

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

CR2E045 (03/12)

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

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA red office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 188	1 MR Corporation
2. The principal office address: 245,	18th street Apt 603,Miami Beach FL 33139
3. The mailing address (if different):	nfo@guesthouse-rome.com
4. Date of incorporation/qualification:	8/13/2013 Document number: P13000066800
5. The name and street address of the Florida Department of State: (If res	current registered agent and registered office on file with the igned, enter resigned)
245,18th stree	t Apt 603,Miami Beach FL 33139
ANGELA	ROYATI
(if changed):	new registered agent (if changed) and /or registered office  ### Apt 603, Miami Beach FL 33139  ### P.O. Box NOT acceptable  #### P.O. Box NOT acceptable
The street address of its registered of as changed will be identical.	fice and the street address of the business office of its registered agent,
	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.  president Angela Rovati  Printed or typed name and title
I hereby accept the appointment as r I further agree to comply with the pr performance of my duties, and I am f agent. Or, if this document is being t	egistered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
Signature of Registered Agent	04/28/2017 Date
If signing on behalf of an entity:	
Angela Rovati	
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)