P13000082640

(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:					

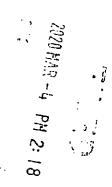
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Letter Number: 420A00003857

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2020

MIGUEL A ROBINSON MR ENTERPRISES, INC. 3742 BENSON PARK BLVD ORLANDO, FL 32829

SUBJECT: MR ENTERPRISE, INC. Ref. Number: P13000082640

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MR Enterpr Name of Corporation			
DOCUMENT NUMBE	R: P13000082640		
The enclosed Statement	of Change of Registered Offic	ce/Agent and fe	e are submitted for filing.
Please return all correspondent	ondence concerning this matte	er to the followi	ng:
Miguel A robinson			
Name of Contact Person	***		
MR Enterprise, Inc.			
Firm/Company			
3742 Benson Park Blvd			
Address			
Orlando, Florida 32829			
City/State and Zip Code			
rbs	dom@yahoo.com		
E-mail address: (to be	used for future annual repo	rt notification)
For further information of	concerning this matter, please	call:	
Miguel A Robinson		at (407) 404-0236 ode & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section	Stre	et Address: endment Section
	Division of Corporations		ision of Corporations
	P.O. Box 6327		ton Building

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (04/L3)

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

statement of cha	mge is submitted for a	corporation organiz	. 607.1508, or 617.1506 ted under the laws of th	e State of Florida	
	the corporation: MR E	••	ed agent, or both, in th	e State of Florida.	
2. The principal Orlando, Florid	office address: 9378 \	/enezia Plantation D			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	10/08/2013	Document number	P13000082640	
	d street address of the criment of State: (If resi		ent and registered office	e on file with the	
	9378 Venezia Planta	ition Dr			
	Orlando, FL 32829				
6. The name and (if changed):	d street address of the r	new registered agent	(if changed) and /or rep	gistered office	2020 MAR
	3742 Benson Park B	lvd			1
	Orlando, FL 32829				PH
		P.O Box 1	NOT acceptable		2: 18
The street addre	ess of its registered of be identical.	fice and the street ac	dress of the business	office of its regist	ered agent.
Such change wa authorized by th	as authorized by resolute board, or the corpor	ution duly adopted h ration has been noti	by its board of director fied in writing of the c Miguel A Robinson	s or by an officer hange. President	so
K /	e of an officer or director		= -	d name and title	
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as re to comply with the pro d I am familiar with a ng filed merely to refl ficen notified in writi	egistered agent and ivisions of all statutom decept the obligation of the colling of this change.	agree to act in this cap es relative to the prope ation of my position as registered office addre	oacity. er and complete p er registered agent ess, I hereby confi	erformance Or, if this rm that the
Migory	Mosanus		02/28/2020		
Sign	nature of Registered Agent		1);	ite	
If signing on be	half of an entity:				
Ту	ped or Printed Name				

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