## P9UDDD012848

| (Re                                     | questor's Name)      |           |
|---|----------------------|-----------|
|   |                      |           |
| (Ad                                     | dress)               |           |
|   |                      |           |
| (Ad                                     | ldress)              |           |
| (70                                     | uiess)               |           |
|   |                      |           |
| (Cit                                    | ty/State/Zip/Phone   | #)        |
| _                                       |                      |           |
| PICK-UP                                 | TIAW                 | MAIL      |
|   |                      |           |
| (Business Entity Name)                  |                      |           |
| (50                                     | isiness Entity (vain | ,         |
|   |                      |           |
| (Document Number)                       |                      |           |
|   |                      |           |
| Certified Copies                        | _ Certificates       | of Status |
|   |                      |           |
|   |                      |           |
| Special Instructions to Filing Officer. |                      |           |
|   |                      |           |
|   |                      |           |
|   |                      |           |
|   |                      |           |
|   |                      |           |
|   |                      |           |
|   |                      |           |
|   |                      |           |

Office Use Only



000312038960

64/23/16--01044--030 \*\*35.00



RARDICH8

APR 2 5 2018

I ALBRITTON

## **COVER LETTER**

Division of Corporations

SUBJECT: May Custom Home, Inc.

Name of Corporation

P96000012848

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:

Gavin D. Magaziner, Esquire

Name of Contact Person

Schuett Law Group

Firm/Company

8200-113th Street North, Suite 101

Address

Seminole, Florida 33772

City/State and Zip Code

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

Gavin@schuett-law.com

For further information concerning this matter, please call:

Gavin D. Magaziner

727 <sub>-</sub>712-

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

TO:

Amendment Section

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

| rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |  |  |
|--|--|--|
| atement 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: May (  |  |  |
| 2. The principal office address: 1306  | West Cypress Street  |  |
| Suite 217, Tampa, Florida  | 33606  |  |
| 3. The mailing address (if different):   |  |  |
| 4. Date of incorporation/qualification:  | 2/09/1996 Document number: P96000012848  |  |
| 5. The name and street address of the cu<br>Florida Department of State: (If resign                    | rent registered agent and registered office on file with the ed, enter resigned)   |  |
| Mike Arodak  |  |  |
| 1306 West Cypr   | ess Street   |  |
| Tampa, Florida   | 33606  |  |
| 6. The name and street address of the new (if changed):  | v registered agent (if changed) and /or registered office  |  |
| Schuett Law Gro  | up (Gavin D. Magaziner, Esquire)   |  |
| 8200-113th Stree   |  |  |
| Seminole Florida   | P.O. Box. NOT acceptable   |  |
| The street address of its registered office as changed will be identical.                              | e and the street address of the business office of its registered agent,   |  |
| Such change was authorized by resolution authorized by the board, or the corporation                   | on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.   |  |
| Signature of an officer or director  | Mike Arodak  |  |
| hereby accent the appointment as well  | tered agent and agree to act in this capacity.  Items of all statutes relative to the proper and complete illur with and accept the obligation of my position as registered if merely to reflect a change in the registered office address, I been notified in writing of this change. |  |
| Month  | April 18, 2018   |  |
| Signature of Registered Agent f signing on behalf of an entity:  | Date   |  |
| Gavin D. Magaziner   |  |  |
| Typed or Printed Name  |  |  |
| * <b>4</b>   | * FILING FFF: \$3\$ 00 * * *   |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)