138985

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Milben Corporation Name of Corporation	
DOCUMENT NUMBER: 238 985	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Howard Miller Name of Contact Person	
Firm/Company	
	
16 Franklin Cts (Init D) Address St Petersburg FL 33711 City/State and Zip Coole	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
Haward Miller Name of Contact Person	at (727) 365-4475 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment 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 8 PR CT 3 Tallahassee, FL 32303
CR2E045 (04/13)	PH I

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office or registered agent, or both, in the state of ribrial.
1. The name of the corporation: <u>Milhen Corporation</u>
2. The principal office address: 16 Franklin Ct S, Unit D
St- Pelersburg, FL 38711
3. The mailing address (if different): 4. Date of incorporation/qualification: \$\frac{13\left(19\left(10)\left(10)\right)}{23\left(19\left(10)\right)}\$ Document number: \$\frac{23\left(9\left(10)\right)}{23\left(9\left(10)\right)}\$
4. Date of incorporation/qualification: 8 30 1910 Document number: 238985
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)
Housined Miller
St Petersburg, FL 33701
St Petershing, EL 33701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Howard Miller
16 Franklin Ct S. Unit D P.O. Box NOT acceptable
St Petersburg FL 33711
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.
Having Mille Recitlent Signature of an officer or director 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.
Harand Mille Signature of Registered Agent 10/25/24 of 3
Signature of Registered Agent Date TO THE Signing on behalf of an entity:
Howard Miller Bresident Typed or Printed Name
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

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