

605479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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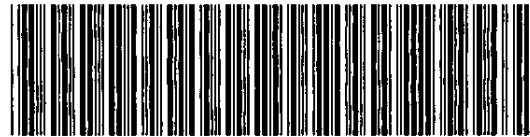
(Business Entity Name)

(Document Number)

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C. LEWIS

JUL 10 2013

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mingo Acres, Inc.

Name of Corporation

**DOCUMENT NUMBER:** 605479

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:

Charles Martin

Name of Contact Person

Mingo Acres, Inc.

Firm/Company

18520 Tyler Rd.

Address

Odessa, FL 33556

City/State and Zip Code

mingoacresinc@gmail.com

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

For further information concerning this matter, please call:

Charles Martin

Name of Contact Person

at ( 813 ) 920-2144

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

## 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 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: Mingo Acres, Inc.
2. The principal office address: 18520 Tyler Rd., Odessa, FL 33556
- \_\_\_\_\_
3. The mailing address (if different): P.O. Box 853, Odessa, FL 33556
- \_\_\_\_\_
4. Date of incorporation/qualification: 01/02/1979 Document number: 605479
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)

MARTIN, WILLIAM H. 18510 TYLER RD. ODESSA, FL 33556

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARTIN, CHARLES H. 18520 TYLER RD. ODESSA, FL

P.O. Box NOT acceptable

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.

*Charles W. Heath*  
Signature of an officer or director

Director  
Charles H. Martin, [REDACTED] / Secretary  
Printed or typed name and title *CHM*

*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.*

*Charles N. Bryant*  
Signature of Registered Agent

July 2 2013  
Date

**If signing on behalf of an entity:**

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)