## 844152

(Requestor's Name)	
(,,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	— }
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	$\neg \mid$

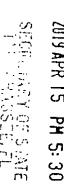
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RITION



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 11, 2019

Order#: 705481-005

Re: MARVIN F. POER AND COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida St ganized under the laws of the State of <u>E</u> gistered agent, or both, in the State of Fi	844152 TY	
	the corporation: Marvin F. Poer and C			
	office address: 12720 Hillcrest Rd, S			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 09/17/1979	Document number: 844152	•	-
	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file wit igned)	h the	
	NRAI Services, Inc			
	1200 South Pine Island Road		· · · 2	
	Plantation	FL 33324	2019 APR 1 SECP- 748	entes E l
6. The name an (if changed):		agent (if changed) and /or registered offi	ு ப	1,000 1,000
	Corporation Service Company		<b>PH 5:</b> 08 8 %	
	1201 Hays Street		30 ATE	
		NOT acceptable		
	Tallahassee	FL 32301		
The street addr as changed wil	ress of its registered office and the str I be identical.	eet address of the business office of its	registered agen	ıt,
Such change wanthorized by t	vas authorized by resolution duly adop the board, or the corporation has been	nted by its board of directors or by an one notified in writing of the change.	fficer so	
Kut	kry Missade	Kathryn McBride, Vice President-	Finance	
Signat	ure of an officer or director	Printed or typed name and title		
I further agree performance o agent. Or, if th hereby confirm	f my duties, and I am familiar with an	statutes relative to the proper and comp ad accept the obligation of my position of reflect a change in the registered office	as registered	
By: I ) ng.	ir. Tokubile	03/29/2019	<del></del>	
	gnature of Registered Agent	Date		
	ehalf of an entity:			
	V. Asst. Vice President Typed or Printed Name			
	- N.E			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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