

2/16/23, 11:03 AM

Division of Corporations

F10000000924

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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REGISTERED AGENT CHANGE
PORVEN REAL ESTATE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: PORVEN REAL ESTATE, INC.
2. The principal office address: 153 SEVILLE AVENUE
CORAL GABLES, FL 33134
3. The mailing address (if different): P.O. BOX 140668, CORAL GABLES, FL 33114-0668
4. Date of incorporation/qualification: 02/23/2010 Document number: F10000000924
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)

M.J.F. REGISTERED AGENT CORP

153 SEVILLE AVENUE

CORAL GABLES, FL 33134

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Signature of an officer or director

MANUEL PRIOR - EXECUTIVE 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.

C T Corporation System

By:

Signature of Registered Agent

02/02/2023

Date

If signing on behalf of an entity:

Danise Bell

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
CR2E045 (04/13)

STATE OF FLORIDA
TALLAHASSEE, FL

2023 FEB 16 AM 9:19

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