F14000002932

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mgt. Alternatives, LTD. Corp.

Name of Corporation

POCUMENT NUMBER. F14000002932

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:

Leslie Williams

Name of Contact Person

Mgt. Alternatives, LTD. Corp.

Firm/Company

4335 NW 110th Avenue

Address

Ocala, FL 34482

City/State and Zip Code

lwilliams@mal.com

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

For further information concerning this matter, please call:

Leslie Williams

.,,352

873-8722

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

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

statement of change is submitted	ctions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this I for a corporation organized under the laws of the State of Nevada egistered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation:	Mgt Alternatives, LTD. Corp.	_
2. The principal office address:	4333 NVV 1 Total Avenue, Ocala, FL 34462	_
3. The mailing address (if different	ent):	<u> </u>
4. Date of incorporation/qualifica	ation: 7/08/14 Document number: F14000002932	<u> </u>
	of the current registered agent and registered office on file with the	
Adams, Joh	nn Q. II	
910 SW 1st	t Avenue, Suite 201	
Ocala, FL 3	34471	ń,
(if changed): 355 Red (The new registered agent (if changed) and /or registered office Nes A. Mell Not Street P.O. Box NOT acceptable Not Street Not Street	1 A Total Control of the Control of
The street address of its registere as changed will be identical.	red office and the street address of the business office of its registered agent,	
Signature of an officer or direct		re_
I hereby accept the appointment of further agree to comply with the performance of my duties, and I agent. Or, if this document is be hereby confirm that the corporate	t as registered agent and agree to act in this capacity. he provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as registered eing filed merely to reflect a change in the registered office address, I ttion has been notified in writing of this change.	
Signature of Registered Age	2000 4/14/17 gent 4/14/17	
If signing on behalf of an entity: Ames Typed or Printed Name	Je 11	

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