Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 Phone

: (888)705-7274

Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

REGISTERED A	GENT C	HA!	NGE
MANAGEMENT	GROUP	RS,	INC

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Management Group RS, Inc.

Name of Corporation

DOCUMENT NUMBER:

F16000001300

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:

## Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

orders@rasi.com

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

20 JAN 30 PM 3: 09

SELRETARY OF STATE NYISIDE OF CORPORATIONS

For further information concerning this matter, please call:

Margot Mullin

್ಷ 888

705-7274

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

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

statement of cha	nnge is submitted for a corpe	oration organized under	8, or 617.1508, Florida Statute the laws of the State of <mark>Vitg</mark> i or both, in the State of Florida	nia
1. The name of	the corporation: Manage	ement Group F	RS, Inc.	
2. The principal	office address: 9022 WI	GGINS ROAD	GIBSONTON, FL	33534
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 3/1	6/2016 Docu	ıment number: F160000	01300
5. The name and		nt registered agent and re enter resigned) ATION SYS	gistered office on file with the	
	PLANTATION		TL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.  155 Office Plaza Dr. Suite A				
	Tallahassee	P.O. Box NOT acceptable FL 3	2301	PH 3:
The street addr as changed will	ess of its registered office as be identical.	nd the street address of	the business office of its regis	tered agent?
Such change was authorized by the	as authorized by resolution he board, or the corporation	duly adopted by its boar has been notified in wr	rd of directors or by an officer iting of the change.	· so
	nne Reithoffer ure of an officer or director	<u>Maria</u>	nne Reithoffer Se	cretary
I further agree performance of agent, Or, if th	'my duties, and I am familia	ns of all statutes relativ or with and accept the o nerely to reflect a chang	act in this capacity. e to the proper and complete bligation of my position as re te in the revistered office addi	gistered Jess, I
Modern Sig	master of Registered Agent	01/30	/2020	
If signing on be	chalf of an entity:			
	Hart - Assistant Secre	etary		
Υ	yped or Printed Name			

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