

F16000002408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

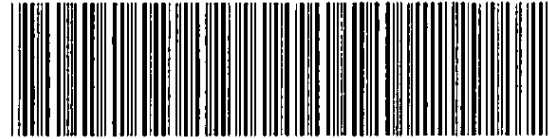
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2023

MICHAEL BURIDGE  
10435 MIDTOWN PKWY, SUITE 439  
JACKSONVILLE, FL 32246 US

SUBJECT: MC VENUE SERVICES INC.  
Ref. Number: F16000002408

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 723A00019508

SEP 20 2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MC VENUE SERVICES, INC.  
Name of Corporation

DOCUMENT NUMBER: F16000002408

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:

MICHAEL BURIDGE

Name of Contact Person

MC VENUE SERVICES, INC.

Firm/Company

10435 MIDTOWN PKWY, SUITE 439

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

MCVENUE@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL BURRIDGE

Name of Contact Person

at (516)

650 1513

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MC VENUE SERVICES, INC.
2. The principal office address: 10435 MIDTOWN PKWY, SUITE 439, JACKSONVILLE, FL 32246
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/26/2016 Document number: F16000002408
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)  
REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE, SUITE A  
TALLAHASSEE, FL 32308

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

MICHAEL BURIDGE  
10435 MIDTOWN PKWY, SUITE 439,  
JACKSONVILLE, FL 32246  
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.

Michael Buridge  
Signature of an officer or director

Michael Buridge, President  
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.*

Michael Buridge  
Signature of Registered Agent

07/10/2023  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

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