

F19 000000 2863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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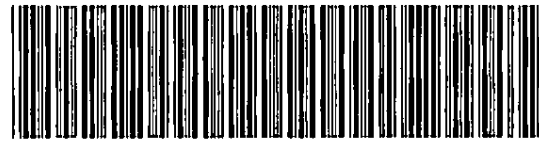
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/15/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mvest Corporation
Name of Corporation

DOCUMENT NUMBER: F19000002863

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 MAINA

Name of Contact Person

Mvest Corporation

Firm/Company

411 Walnut St. #15756

Address

GREEN CV SPGS, FL 32043-3443

City/State and Zip Code

mmaina@live.com

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

For further information concerning this matter, please call:

Michael Maina

Name of Contact Person

at (**501**) **570-6215**

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

1. The name of the corporation: Mvest Corporation
2. The principal office address: 411 Walnut St. #15756, Green Cove Springs, FL 32043
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/20/2019 Document number: F19000002863
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)

Northwest Registered Agent LLC

7901 4th St N STE 300

St. Petersburg, FL 33702

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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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 Maina

Signature of an officer or director

MICHAEL MAINA, 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.

Bill Havre

Signature of Registered Agent

4/18/2022

Date

If signing on behalf of an entity:

Bill Havre

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)