

F21 000007028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

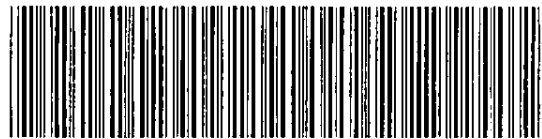
(Business Entity Name)

(Document Number)

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**YEAR YEAR**  
*Consulting LLC*  
1580 N. Point Prairie Road  
Wentzville, MO 63385

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July 17, 2023

via U.S. Priority Mail Express

Florida Department of State  
Amendment Section, Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Statement Change of Registered Agent for Corporations

To Whom It May Concern:

Please find enclosed the Statement of Change of Registered Agent for Mulberry Shield Agency Inc.

The following documents make up the application packet

- This cover letter;
- Coover Sheet
- Statement of Change of Registered Agent
- Check #1001 in the amount of \$35

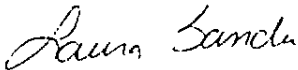
Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Laura Sanders.

**Please send approval or other documents to:**

Laura Sanders  
Year to Year Consulting, LLC  
1580 N. Point Prairie Rd.  
Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,



**Laura Sanders**  
Analyst/Licensing and Registration  
Year to Year Consulting, L.L.C.  
[laura.sanders@y2yc.com](mailto:laura.sanders@y2yc.com)  
Phone: (636) 639-1880  
Fax: (636) 639-1233

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mulberry Shield Agency  
Name of Corporation

**DOCUMENT NUMBER:** F21000007028

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:

Laura Sanders  
Name of Contact Person  
Year to Year Consulting, L.L.C.  
Firm/Company  
1580 N Point Prairie Rd  
Address  
Wentzville, MO 63385  
City/State and Zip Code

laura.sanders@y2yc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Sanders at (636) 639-1880  
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  
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: Mulberry Shield Agency, Inc.
2. The principal office address: 22 N. 6th St. Apt PH1E, Brooklyn, NY 11249
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/8/2021 Document number: F21000007028
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)

C T Corproation System

1200 South Pine Island Road

Plantation, FL 33324

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, Suite 300

P.O. Box NOT acceptable

St Petersburg, FL 33702

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.

Chinedu Eleanya

Signature of an officer or director

Chinedu Eleanya

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.*

David Roberts

Signature of Registered Agent

7/15/2023

Date

If signing on behalf of an entity:

David Roberts

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)