

G94398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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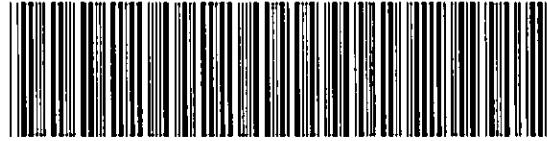
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Menna Development & Management, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** G94398

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:

Liandrea Menna  
Name of Contact Person

Menna Development & Management, Inc.  
Firm/Company

PO Box 4189  
Address

Clearwater, FL 33758  
City/State and Zip Code

lmenna@mdmhotels.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liandrea (Lia) Menna at ( 727 ) 796.0021  
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**

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

1. The name of the corporation: Menna Development & Management, Inc.  
2. The principal office address: 2629 McCormick Dr, Suite 102, Clearwater, FL 33759

3. The mailing address (if different): PO Box 4189, Clearwater, FL 33758

4. Date of incorporation/qualification: 4/3/1984 Document number: G94398

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)

Liandrea Menna  
12600 Roosevelt Blvd N  
St. Petersburg, FL 33716

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

Liandrea Menna  
2629 McCormick Dr, Suite 102  
P.O. Box NOT acceptable  
Clearwater, FL 33759

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TALLAHASSEE, FLORIDA

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.

\_\_\_\_\_  
Signature of an officer or director  
Liandrea Menna, VP of Operations  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Signature of Registered Agent  
10/31/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

LIANDREA MENNA  
\_\_\_\_\_  
Typed or Printed Name

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