

LM7000135526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

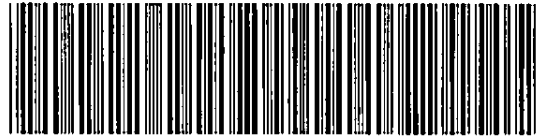
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 OCT 26 PM 3:59
CLERK OF COURT
CLERK OF COURT

2017 OCT 26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2017

MAURICIO GIRALDO
10620 GRIFFIN RD
SUITE 103
COOPER CITY, FL 33328

SUBJECT: MGFG INVESTMENTS, LLC
Ref. Number: L17000135528

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

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00020508

2017 OCT 26 AM 11:36

as you requested,
please find attached
statement of change
Form. Thank you,
M.G.



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGFG Investments, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mauricio Giraldo

Name of Person

MGFG Investments, LLC

Firm/Company

10620 Griffin Rd, Suite 103

Address

Cooper City, FL 33328

City/State and Zip Code

mauricio@thehorizonsfinancial.com

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

For further information concerning this matter, please call:

Mauricio Giraldo at (954) 862-1735

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2017 OCT 26 PM 3:59
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MGFG Investments, LLC

2. (a) 10620 Griffin Rd, Suite 103, Cooper City (b) - same -
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

FL 33328

3. 06/21/2017 4. L17000135528
Date of filing/registration in Florida Document number

5. (a) Mauricio Giraldo
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
12401 Orange Dr, Suite 130
Davie, FL 33330

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Mauricio Giraldo
NEW Registered Office Address:
10620 Griffin Rd, Suite 103
Cooper City, FL 33328

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00