

12000093123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

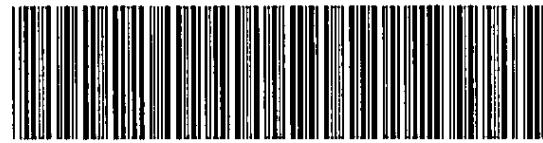
(Business Entity Name)

(Document Number)

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FILER: JEFFREY L. ALBRITTON  
FILING OFFICE: TALLAHASSEE, FL

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MAY 17 2021  
ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MRB NOTARY PUBLIC & MULTI SERVICES, 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:

MAJERLYNE D REYES

Name of Person

MRB NOTARY PUBLIC & MULTI-SERVICES, LLC

Firm/Company

307 Breezeway Dr

Address

Apopka, FL, 32712

City/State and Zip Code

maggiereyes@mrbnotary.us

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

For further information concerning this matter, please call:

Majorlyne Reyes 321 at ( ) 439-3652  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

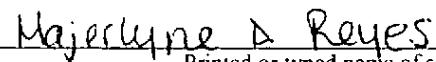
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	MRB NOTARY PUBLIC & MULTI SERVICES, LLC	
2. (a) MAJERLYNE D REYES	(b)	
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>		
307 BREEZEWAY DR		
APOPKA, FL 32712		
03/30/2020		
L0000093123		
3. Date of filing/registration in Florida	4.	Document number
5. (a) REGISTER AGENTS INC	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
REGISTER AGENTS INC		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
7901 4TH ST N STE 300 ST		
PETERSBURG, FL 33702		
(b) MAJERLYNE D REYES	Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:	
MAJERLYNE D REYES		
<u>NEW</u> Registered Office Address:		
307 BREEZEWAY DR		
APOPKA, FL 32712		

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.

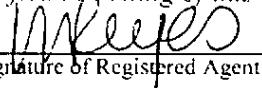


Signature of a member or authorized representative of a member



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

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FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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