M03112

(Red	uestor's Name)	
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(City	//State/Zip/Phon	e #)
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Ra Change

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: METROPOLITAN FIRE EQUIPMENT INC.	
Name of Corporation	
DOCUMENT NUMBER: M03112	
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:	
ALFREDO GARCIA-MENOCAL, ESQ	
Name of Contact Person	
ALFREDO GARCIA-MENOCAL, P.A.	
Firm/Company	
4937 SW 74 CT	
Address	
MIAMI, FL 33155	
City/State and Zip Code	
Lulu33182@yahoo.com	
E-mail address: (to be used for future annual report notification)	20
·	22
For further information concerning this matter, please call:	, 1
MELISSA ARRUFAT 2., 305 \ 553-3464	.
MELISSA ARRUFAT at (305) 553-3464 Name of Contact Person Area Code & Daytime Telephone N	umber 1
	:3 ,
Enclosed is a \$35.00 check made payable to the Department of State.	(2) []
Mailing Address: Street Address:	
Amendment Section Amendment Section	

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

(2)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of HOVI do in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Netvo politan Five Equipment Inc
2. The principal office address: 1107 PW 74 St
Mrd17417 33106
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/29/84 Document number: 1/3/12
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)
12aul F. Frnancicz
107 NW JUST
Mrd174, PL 33/46
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lourcles Maria Fernandez
14 NO 136PL
P.O Box NOT acceptable
WIIMMI TL 35182
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 for the corporation has been notified in writing of the change.
Signature of an officer or director Ray Printed or typed name and title 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 Date 22
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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