N11000011318

- (F	Requestor's Name)	
(/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(I	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



900290593279

10/24/18--01024--006 **35.00

16 OCT 24 AM 9: 46

OCT 27 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MENTORING TORE, INC. Name of Corporation		
DOCUMENT NUMBER: NIOOOO11318		
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:		
Name of Contact Person		
MENTORING MORE, INC.		
FinivCompany		
32 LAS BRICAS WAY Address		
Address		
NAPLES FL 34108 City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (Z39) 784.7834 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

CR2E045 (03/12)

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

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of FLORIDA stered office or registered agent, or both, in the State of Florida.
· · · · · · · · · · · · · · · · · · ·	
1. The name of the corporation:	MENTORING & MORE, INC. SZ LAS BRISAS WAY
2. The principal office address:	NAPLES FL 3410B
3. The mailing address (if different)	
4. Date of incorporation/qualification	n: Dec 7, 2011 Document number: N11000011318
5. The name and street address of the Florida Department of State: (If r	e current registered agent and registered office on file with the esigned, enter resigned)
	1867 VERONA CT
	NAPICS FL 3410849
6. The name and street address of the (if changed):	e new registered agent (if changed) and /or registered office
 -	32 LAS BRISAS WAY
	P.O. Box NOT acceptable
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by resauthorized by the board, or the corp	olution duly adopted by its board of directors or by an officer so coration has been notified in writing of the change.
Signature of an officer shirector	DUNGAN P. VARTY PRESIDENT Printed or typed name and title
agem. Or, ii inis accument is cem	registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete of familiar with and accept the obligation of my position as registered of filed merely to reflect a change in the registered office address, I of has been notified in writing of this change.
DWOUDDA	10.21.2016
Signature of Registered Agent	
If signing on behalf of an entity:	
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 (03/12)