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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MZV Enterpeises Inc. (Name of Corporation)
DOCUMENT NUMBER: POODOOS 45431
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:
ZOIG BUSTAMANTE (Name of Contact Person) MZV Enterprises Inc (Firm/Company)
1049 NW 3 lave
Pompans Beach F1 33049 (City/State and Zip Code)
For further information concerning this matter, please call:
Zolla Bustamante at (954) 970 4477 (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
Taliahassee, FL 32301

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MZV Enterprises Inc
2. The principal office address: 1079 NW 31 QVC
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/4/2000 Document number: P000000 4543/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Zoilg Bustoward
1000 SW 15 St Pompano Beach Fl 380(08) 器等
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Zala Bustamante 1049 NW 31 ave
Pompano Beach 7 33069
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.
More Autonomoto Mario Bustamante (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. (Signafure of Registered Agent) (Date)
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 (8/05)

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