PD00000 117909

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(city-cialor_ip// none ny			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special manufactions to 1 ming Officer.			

Office Use Only



900263388729

09/26/14--01011--017 **35.00

14 SEP 26 PH 4: 04

SECRETARY OF STATE TALLAHASSEE, FLORID,

0CT 1 0 2014 **T. CARTER**



COVER LETTER

TO: Amen

Amendment Section Division of Corporations

SUBJECT: Millmac Corporation

Name of Corporation

DOCUMENT NUMBER:

P0000000 77909

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:

Michael J. Miller

Name of Contact Person

Millmac Corporation

Firm/Company

12457 NW 44th Street

Address

Coral Springs, FL 33065

City/State and Zip Code

mmiller@millmac.com

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

For further information concerning this matter, please call:

Michael J. Miller

...954

345-4406

Name of Contact Person

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

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statut ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florid	a	_
1. The name of	the corporation: Millmac Corporation		
2. The principal	office address: 12457 NW 44th Street, Coral Springs, FL 3306	5	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 8 11 2000 Document number: Poodo	007	7909
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	e	
	Michael J. Miller		
	12370 NW 44th Street		
	Coral Springs, FL 33065	14 SI	SECR TALL
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	SEP 26	FILE
	Michael J. Miller		E P C
	12457 NW 44th Street	ተ፡ ዐኒ	TATE ORID
	P O. Box NOT acceptable Coral Springs, FL 33065		Þ.
The street addr as changed wil	ess of its registered office and the street address of the business office of its regi l be identical.	stered a	igent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	er so	
Marking Signature	hael Alle Michael T. M. Here ure of an officer of director Printed or typed name and title		
I hereby accept I further agree performance of	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as r iis document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	egistere dress, I	ed .
	Spatter of Registered Agent 22 Sept 2014 Date		
	ehalf of an entity:		
- Ku	Level Michael T. M. Then Typeder Printed Name		

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