

P02 000044803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

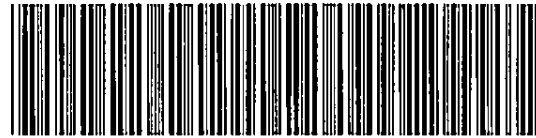
(Business Entity Name)

(Document Number)

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ALL AMOUNTS PAID

R/A-CH

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MGA ACCOUNTANTS & CONSULTANTS, INC.  
Name of Corporation

DOCUMENT NUMBER: P 020 00044803

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:

MIRTHA GUERRA AGUIRRE

Name of Contact Person

MGA ACCOUNTANTS & CONSULTANTS, INC

Firm/Company

2033 NW BROOKS COUNTY LINE RD

Address

GREENVILLE, FL 32331

City/State and Zip Code

MGA@MADISONGREENACRES.COM

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

For further information concerning this matter, please call:

MIRTHA GUERRA AGUIRRE at (305) 302-5866

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MGA ACCOUNTANTS & CONSULTANTS, INC.
2. The principal office address: 2033 NW BROOKS COUNTY LINE RD  
GREENVILLE, FL 32331
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 4/24/02 Document number: P02000044803

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)

MIRTHA GUERRA AGUIRRE

999 PONCE DE LEON BLVD SUITE 1030

CORAL GABLES, FL 33134

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENT OFFICE ADDRESS CHANGED

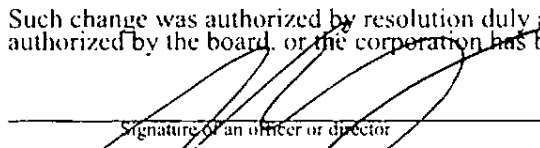
2033 NW BROOKS COUNTY LINE RD

P.O. Box NOT acceptable

GREENVILLE, FL 32331

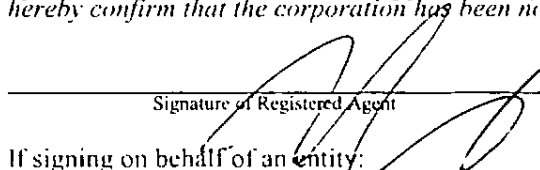
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

MIRTHA GUERRA AGUIRRE P  
\_\_\_\_\_  
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

10/21/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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