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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael Aranda Jr. Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PO 20000 66847

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:

Mike Aranda

Name of Contact Person

Management Group 1 of Florida Inc.

Firm/Company

8695 College Parkway #1193

Address

Fort Myers, FL 33919

City/State and Zip Code

info@mg1fl.com

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

For further information concerning this matter, please call:

Mike Aranda

Name of Contact Person

at ( 239 )

267-4804

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Michael Aranda Jr. Inc.

2. The principal office address: 8695 College Parkway #1193 Fort Myers, FL 33919

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/17/2002 Document number: P02000066847

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)

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST. 4TH FLOOR

MIAMI FL 33145 US

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

Goede & Adamczyk PLLC

8950 Fontana Del Sol Way #100

P.O. Box NOT acceptable

Naples, FL 34109

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

Mike Aranda - President

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

If signing on behalf of an entity:

Mark Adamczyk

Typed or Printed Name

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