## P04000039834

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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2817 AUG -3 P 1: 54 SECRETARY OF STATE

T. LEMIELY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Mahoney Homes, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000039834

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:

Leah Mahoney

Name of Contact Person

Mahoney Homes, Inc.

Firm/Company

2100 SW 35th Ave.

Address

Delray Beach, FL 33445

City/State and Zip Code

LSMahoney@bellsouth.net

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

For further information concerning this matter, please call:

Leah Mahoney

.,561

251-7177

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 cha	ange is submitted for a corp	poration organi	zed under the laws	• • • • • • • • • • • • • • • • • • • •
	er to change its registered o			in the State of Florida.
1. The name of	the corporation: Mahone	ey Homes,	Inc.	
2. The principal	office address: 2100 SV	N 35th Ave	•	
	Delray F	Beach, FL 3	33445	
3. The mailing a	address (if different):		<del></del>	
4. Date of incor	poration/qualification: Ma	arch 2, 200	Document nu	mber: P04000039834
5. The name and	d street address of the curre urtment of State: (If resigned	ent registered ag	gent and registered	office on file with the
	Daniel J. Mahoney	I (uncha	nged)	
	155 NW 5th Ave.			
	Boca Raton, FL 33	3432		
6. The name and (if changed):	d street address of the new.	registered agen	t (if changed) and /	or registered office
	2100 SW 35th Ave	e.		ZBIZ
	Delray Beach, FL	33445		ARE VI
		P.O. Box NOT	acceptable	SSEX -W
				ness office of its registered agent,
Such change wanthorized by the	as authorized by resolution the board, or the corporation	n duly adopted on has been not	by its board of dire	ectors or by an officer so the change.
Dani	il Mahorey		Daniel J. Mal	honey, President
_	ure of an other or director	<del></del>	Printed o	or typed name and title
I further agree performance of agent. Or. if th	t the appointment as regist to comply with the provisi f my duties, and I am famil nis document is being filed n that the corporation has b	ions of all statu liar with and ac merely to refle	tes relative to the pecept the obligation cet a change in the	proper and complete n of my position as registered registered office address. I
Dame	il Makony		Aug. 1, 2012	
Sig	gnature of Registered Agent	_		Date
If signing on be	ehalf of an entity.			
	Typed or Printed Name			

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