

P04000/23123

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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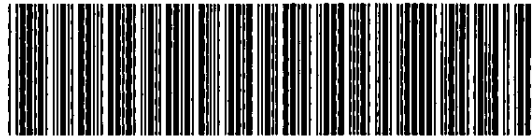
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MD Mays Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P04000123 123

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 D. Mays
(Name of Contact Person)

MD Mays Inc.
(Firm/Company)

9275 111th Street
(Address)

Seminole Florida 33772
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Mays at (727) 424-6883
(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

