## 04000/23/23

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #	<del>/</del> )
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name	<u>)</u>
(Docum	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	g Officer:	
		,
·		
Certified Copies	Certificates o	of Status

Office Use Only



100105720131

07/11/07--01010--015 \*\*35.00

O7 JUL 11 AH 10: 10

00/00

## · 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 3377Z_ (City/State and Zip Code)
For further information concerning this matter, please call:
Michael D.

Mailing Address: Amendment Section

Enclosed is a \$35.00 check made payable to the Department of State.

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

## STA TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisi statement of change is	*					
			red agent, or both, i			<u></u>
1. The name of the cor	noration: M	> Maus	Tno		FALL	97
2. The principal office		10 Wals	inaham	Rd Ste	CAR	JUL .
	Lar	90 FL	1337	78	AR ASSI	
3. The mailing address	(if different): 9	275 11#	'Street		- <del>1</del> 2	3
	Se	<u>eminole</u>	Florida	33772	103 E	<u> </u>
4. Date of incorporatio	$n$ /qualification: $\frac{\sqrt{2}}{2}$	8/25/2000	Document nur	nber: <u>P640</u>	00 DE	3日、
5. The name and street Florida Department	address of the cur		ent and registered of	office on file with	the	
	Kathy.	Hester	May s			
_9	1275 JI	* St_		<u>.</u>		
	sew i wa	a. 1. El 3	3772			
			((C-11)1 /-	1-4		
6. The name and street (if changed):	address of the nev	w registered ageni	(11 changed) and /	or registered offic	e	
· · · · · · · · · · · · · · · · · · ·	Kathy	Hester	- Mays			
(17	90 Wa	Sinah	im Rd S	Stec		
1	(P.O.	Box NOT acceptable)	- d			
L	ingo Fi	<u> 331</u>	18			
The street address of i as changed will be ide	ts registered officentical.	e and the street a	address of the busin	ness office of its	registered	agent,
Such change was auth authorized by the boar		ion duly adopted tion has been not	by its board of dir ified in writing of	ectors or by an o	officer so	
Muchel D (Signature of an	May S	Pres.	Michael	D. MAY.	S PR	<u>85.</u>
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been	pointment as reg ply with the provi familiar with and d merely to reflec notified in writin;	istered agent and isions of all statu d accept the oblig et a change in the g of this change.	l agree to act in thi tes relative to the p gation of my positi registered office o	is capacity. proper and comp on as registered address, I hereby	olete perfor agent. Or confirm t	rmance ; if this hat the
Path Hest (Signature o	W - Mu f Registered Agent)	<u>p</u>	7/9/0	) 7 (Date)		<del></del> , ,
If signing on behalf of	an entity:					
(Typed or	Printed Name)					
	*	* * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)