P04000154000

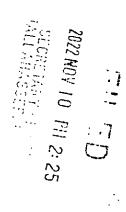
(Requestor's Name)				
	ldress)	· · · · · · · · · · · · · · · · · · ·		
(///	luless)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
J. HORNE				
FEB - 7 2023				





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11/10/22--01:05--05 ***.**



COVER LETTER

то:	Amendment Section Division of Corporations		
SUBJ Name	ECT: MLRE, Inc. of Corporation		
DOC	UMENT NUMBER: P04000154000		
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
Micha	el M Lally		
Name	of Contact Person		
MLRE	E. Inc		
Firm/0	Company		
90 N I	3ryan Rd		
Addre	888		
	Beach, Fl 33004		
City/S	tate and Zip Code		
	flyfally@aof.com		
E-ma	il address: (to be used for future annual	report notification)	
For fu	rther information concerning this matter, p	olease call:	
Micha	iel M Lally	at (786) 344-6032	
	Name of Contact Person	at (786) 344-6032 Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050, inge is submitted for a corporation organi ir to change its registered office or registe	zed under the laws of the State of $\underline{1}$	Florida	
1. The name of t	the corporation: MLRE, Inc			
	office address: 90 N Bryan Road, Dania Bo	each, FL 33004		
3. The mailing a	iddress (if different):			
4. Date of incorp	Date of incorporation/qualification: 12/02/2018 Document number: P04000154000			
	l street address of the current registered ag timent of State: (If resigned, enter resigned		th the	
	South Florida Tax, Inc		_	
	12401 Orange Drive, Suite 222		_	
	Davie, Florida 33330		_	
6. The name and (if changed):	I street address of the new registered agen	it (if changed) and /or registered off	2022 NOV 10	
	Michael M Lally		- 522 - 4	
	90 N Bryan Rd		,	
	P.O. Box NOT acceptable			
	Dania Beach, FL 33004		- 2: D	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of it	s registered agent.	
	as authorized by resolution duly adopted he board, or the corporation has been no			
Machin	Maller	Michael M Lally Vice President		
Signatu	re of an officer or afrector	Printed or typed name and ti	ile	
I further agrée of my duties, ar document is bei	The appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the speen notified in writing of this change.	aes relative to the proper and con	uplete performance d agent. Or, if this by confirm that the	
Market	Will	November 3, 2022		
Sig	mature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Michael M Lally				
1	yped or Printed Name			

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