

PD500004778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RALCH8

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MGM & COMPANY INC**

Name of Corporation

DOCUMENT NUMBER: **P05000047778**

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:

MIGUEL GARCIA

Name of Contact Person

MGM & COMPANY INC

Firm/Company

6965 Piazza Grande Ave. Suite 413

Address

Orlando, FL 32835

City/State and Zip Code

migarcia62@hotmail.com

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

For further information concerning this matter, please call:

MIGUEL GARCIA

Name of Contact Person

at **(407) 970-2051**

Area Code & Daytime Telephone Number

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

RECEIVED

15 OCT -1 PM 12:36

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2015

MIGUEL GARCIA
MGM & COMANY INC
6965 PIAZZA GRANDE AVE - STE. 413
ORLANDO, FL 32835

SUBJECT: MGM & COMPANY INC.
Ref. Number: P05000047778

We have received your document for MGM & COMPANY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 315A00020094

**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: MGM & COMPANY INC
2. The principal office address: 6965 PIAZZA GRANDE AVE. SUITE 413
ORLANDO, FL 38235
3. The mailing address (if different): 6965 PIAZZA GRANDE AVE. SUITE 413
ORLANDO, FL 32835
4. Date of incorporation/qualification: 03/21/2005 Document number: P05000047778
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)

NICOLAS GARCIA (resigned)

1206 EPSON OAK WAY

ORLANDO, FL 32837

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

MIGUEL GARICA

11904 CAMDEN PARK DR

P.O. Box NOT acceptable

WINDERMERE, FL 34786

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.

Nicolas Garcia
Signature of an officer or director

Nicolas Garcia - 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]
Signature of Registered Agent

09-28-15
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA