## P05000128169

| (Re                                     | questor's Name) |             |  |  |
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| (City/State/Zip/Phone #)                |                 |             |  |  |
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: Millenium Brokers 1403-1, INC Name of Corporation  DOCUMENT NUMBER: P05000128169  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:  Rocio Manrique Name of Contact Person Millenium Brokers 1403-1, INC Firm/Company 3201 NE 183rd Street, Suite 405 Address Aventura, FL 33160 City/State and Zip Code rocio_perdomo@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rocio Manrique at (786 )3579190 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 The Centre of Tallahassee |   | •                                    |  |  |  |
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| P.O. Box 6327 The Centre of Tallahassee  |   |                                      |  |  |  |
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| 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   | nge is submitted for a corporation organ   | 2, 607.1508, or 617.1508, Florida Statutes,<br>sized under the laws of the State of <mark>Florida</mark><br>ered agent, or both, in the State of Florida. | , this<br>     |  |  |
|--|--|---|----------------|--|--|
| 1. The name of t   | 1. The name of the corporation: Millenium Brokers 1403-1, INC.   |   |                |  |  |
| 2. The principal   | office address: 3201 NE 183rd Street, Suit   | e 405, Aventura, FL 33160   |                |  |  |
| 3. The mailing a   | ddress (if different):   |   |                |  |  |
| 4. Date of incorp  | 4. Date of incorporation/qualification: 09/16/2005 Document number: P05000128169   |   |                |  |  |
|  | street address of the current registered a tment of State: (If resigned, enter resigned                                    | gent and registered office on file with the ed)   |                |  |  |
|  | Rocio Perdomo  |   |                |  |  |
|  | 3201 NE 183rd Street, Suite 405, Aventura, FL 33160  |   |                |  |  |
| 6. The name and (if changed):  | street address of the new registered age   | nt (if changed) and /or registered office   | 2020 APR 27    |  |  |
|  | 3201 NE 183rd Street, Suite 405, Aventur   | a FL 33160  |                |  |  |
|  | P.O. Box NOT acceptable  |   | AH 9: 06       |  |  |
|  | // / /   | address of the business office of its regist  | ered agent,    |  |  |
| authorized by the  | e board, or the corporation has been no  | d by its board of directors or by an officer<br>stiffed in writing of the change.  Rocio Perdomo - DP   | 30             |  |  |
| Signatu  | e of an officer or director  | Printed or typed name and title   |                |  |  |
| I furthér agrée l<br>of my duties, an<br>aocúment is hei<br>corpo <del>rati</del> on has | d I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change | utes relative to the proper and complete p<br>igation of my position as registered agent<br>we registered office address, I hereby confi                  | '. Or. it this |  |  |
| You  | Monrigue nature of Registered Agent  | 04/22/2020  |                |  |  |
| Sig  | nature of Registered Agent   | Date  |                |  |  |
| If signing on be   | half of an entity:   |   |                |  |  |
| .1.  | yped or Printed Name   |   |                |  |  |

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