

P06000107640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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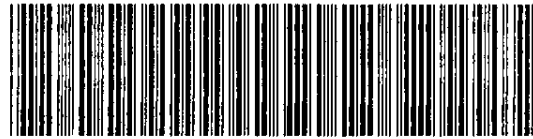
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2011

PETER SAVINEAU  
MCR PARTNERS, INC.  
20533 BISCAYNE BLVD. (1301)  
MIAMI, FL 33180

SUBJECT: MCR PARTNERS, INC.  
Ref. Number: P06000107640

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 111A00006812

THANK YOU. PLEASE FUND ENCLOSED  
THE NEW DOCUMENT.

YOU ALREADY HAVE THE COVER LETTER  
AS WELL AS THE CHECK/PAIDMENT.

RECEIVED

11 APR 11 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MCR PARTNERS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P06000107640

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:

PETER SAVINEAU  
Name of Contact Person

MCR PARTNERS, INC.  
Firm/Company

20533 BISCAYNE BLVD (1301)  
Address

MIAMI, FL 33180  
City/State and Zip Code

MCRPARTNERS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER SAVINEAU at ( 305 ) 725-7405  
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

**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: MCR PARTNERS, INC.
2. The principal office address: 20533 BISCAYNE BLVD (1301)  
MIAMI, FL 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/17/2006 Document number: P06000107640
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

THIERRY SAVINEAU

20533 BISCAYNE BLVD (1301)

P.O. Box NOT acceptable

MIAMI, FL 33180

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.

T. SAVINEAU  
Signature of an officer or director

T. SAVINEAU 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.*

T. SAVINEAU  
Signature of Registered Agent

03/01/2011  
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 (8/05)