## P0700004460

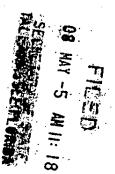
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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<b>:</b>





900124785759

04/21/08--01025--002 ++35.00



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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: MH GROUP INC. (Name of Corporation)
DOCUMENT NUMBER: <u>10700044460</u>
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:
MARKUS HARTOJO (Name of Contact Person)
(Name of Contact Person)
M.H. Granue INC
MH GROUP (NC. (Firm/Company)
700 S HARROUR SLAND RIVED #532
700 S HARBOUR SLAND BLVD #532 (Address)
TAMPA FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
MARKUS HARTOJO at (303) 641-8083  (Name of Contact Person) (Area Code & Daytime Telephone Number
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Mailing Address: Amendment Section  Street Address: Amendment Section
Division of Corporations  Division of Corporations
P.O. Box 6327 Clitton Building Tallahassee, FL 32314 2661 Executive Center Circle
ranamasco, i ii 32314 2001 Excounte Center Circle

Tallahassee, FL 32301



April 24, 2008

MARKUS HARTOJO 700 S HARBOUR ISLAND BLVD #532 TAMPA, FL 33602

SUBJECT: MH GROUP INC. Ref. Number: P07000044460

We have received your document for MH GROUP 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):

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) 245-6927.

Tracy Smith Document Specialist

Letter Number: 908A00024974

HAVE HADE THE NECESSARY CHANGES AND INITIALED

THEM. PLEASE CALL ME FOR ANY QUESTIONS. 303 641 8083

THANKS!

MARKUS

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MH GROUP INC.
2. The principal office address: 700 S HARBOUR ISLAND BLUD #532
TAMPA FL 33602
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/1/2007 Document number: P07000044460
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
INCORP SERVICES INC.
LOXAHATCHEE FL 33470
LOXAHATCHEE FL 33470
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MH GROVE INC. MH SULYNN CHONG
(P.O. Box NOT acceptable)
700 S HARBOUR SLAND BLUD #532 TAMPA FL 33602
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, of the corporation has been notified in writing of the change.
PRESIDENT (Signature of an othicer or director) (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.
-4/18/08 5/1/08
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Turned or Drieted News)
(Typed or Printed Name)

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

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