

P07000104232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

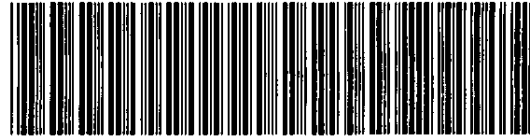
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TBrown 7-14-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MGO ASSOCIATES CORP  
Name of Corporation

DOCUMENT NUMBER: P07000104232

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:

NICOLE STOUT

Name of Contact Person

MGO ASSOCIATES CORP

Firm/Company

14201 W SUNRISE BLVD #202

Address

SUNRISE, FL 33322

City/State and Zip Code

GOLD2JM@AOL.COM

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

For further information concerning this matter, please call:

MARTIN GOLDBERG

Name of Contact Person

at ( 954 )

473-9954

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: MGO ASSOCIATES CORP.
2. The principal office address: 14201 W SUNRISE BLVD #202  
SUNRISE, FL 33322
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/19/2007 Document number: P07000104232
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)

NICOLE STOUT (RESIGNED)

14201 W SUNRISE BLVD #202

SUNRISE, FL 33322

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

MARTIN GOLDBERG

14201 W SUNRISE BLVD #202

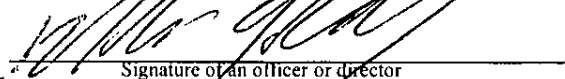
P.O. Box NOT acceptable

SUNRISE, FL 33322

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TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
Signature of an officer or director

MARTIN GOLDBERG (MMBR)

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 of Registered Agent

MARTIN GOLDBERG (MMBR)

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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