

PD8000094734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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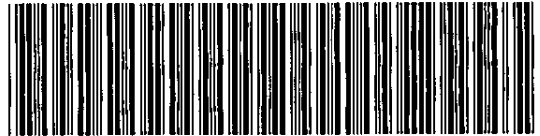
(Business Entity Name)

(Document Number)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 24 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MPA ENTERPRISES INC**

Name of Corporation

DOCUMENT NUMBER: **P08000094734**

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:

MARK ANTMAN

Name of Contact Person

MPA ENTERPRISES INC

Firm/Company

17095 DARLINGTON CT

Address

BOCA RATON FL 33496

City/State and Zip Code

MARK9454@GMAIL.COM

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

For further information concerning this matter, please call:

MARK ANTMAN

Name of Contact Person

at **561 338-7667**

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: MPA ENTERPRISES INC
2. The principal office address: 17095 DARLINGTON COURT
BOCA RATON, FL 33496
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 10/21/2008 Document number: P08000094734
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)

MARK ANTMAN

2920 NW 25TH TERRACE

BOCA RATON, FL 33434

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

MARK ANTMAN

17095 DARLINGTON COURT

P.O. Box NOT acceptable

BOCA RATON, FL 33496

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

MARK ANTMAN

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

4/15/14

Date

If signing on behalf of an entity:

MARK ANTMAN

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)

14 APR 18 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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