

PO 9000020113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Add P. Campbell
John P. Campbell
as new RA.
Per
Mr. Campbell

Office Use Only

03/17/11
DC



900194735879

02/22/11--01011--007 **35.00

11 MAR 17 PM 3:11

FILED

RA Chang
03/18/11
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2011

JP CAMPBELL
M3NYC CORP.
888 BISCAYNE BLVD. #4407
MIAMI, FL 33132

SUBJECT: M3NYC CORP.
Ref. Number: P09000020113

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):

THE NAME OF THE ~~NEW~~ REGISTERED AGENT MUST BE LISTED IN SECTION #6.

Done

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: 011A00004484

RECEIVED
11 MAR 17 AM 8: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Btz
agent@bic...

TO: Amendment Section
Division of Corporations

SUBJECT: M3 Nyc Corp
Name of Corporation

DOCUMENT NUMBER: ~~Reg~~ P09000020113

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:

JP Campbell
Name of Contact Person

M3 Nyc Corp
Firm/Company

888 PISCAYNE BLVD #4101
Address

Miami, FL 33132
City/State and Zip Code

jp@mailnetwork.info
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JP Campbell at (917) 374 0984
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: M3NYC Corp.
2. The principal office address: 7 NW 2nd St + Miami FL 33128
3. The mailing address (if different): _____

* 4. Date of incorporation/qualification: 3/3/09 Document number: PO9000020113

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)

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR SQUARE BLVD #101
TALLAHASSEE, FL 32301-2960 US

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

7 NW 2nd St + Miami FL 33128

P.O. Box NOT acceptable

John Paul Campbell

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]
Signature of an officer or director

John Paul Campbell
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]
Signature of Registered Agent

2/15/11
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)