

PO9000065137

(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:

Corrected document
by Julian can
th 12-2-11

Office Use Only



600212212826

11/01/11--01023--014 **35.00

Re chg

FILED
11 DEC -2 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
11 DEC -2 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2011

TOBY PILATO
MBOA, INC.
2964 ALLON ST
OCEANSIDE, NY 11572

SUBJECT: MBOA, INC
Ref. Number: P09000065137

We have received your document for MBOA, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please complete block #6 with new registered agent information.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00025026

RECEIVED

11 DEC -2 AM 11:21

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MBDA, INC.
Name of Corporation

DOCUMENT NUMBER: P09000065137

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:

Toby Pilato
Name of Contact Person

MBDA, INC.
Firm/Company

2964 Allon Street
Address

Oceanside, NY 11572
City/State and Zip Code

toby@mboainc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toby Pilato at (561) 317-5412
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MBOA, INC
2. The principal office address: 5798 Lagorce Circle
Lake Worth, FL 33463
3. The mailing address (if different): 2904 Allon St, Oceanside, NY 11572
4. Date of incorporation/qualification: 7/31/2009 Document number: PO9000065137

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)

Toby Pilato
901 N Congress Ave Ste B-101
Boynton Beach, FL 33426

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

Toby Pilato
583 105 Ave N Ste #2
NOT acceptable
Royal Palm Beach, FL 334

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 authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Toby Pilato - Pres
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

11/27/11
Date

If signing on behalf of an entity:

T. Pilato
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