## 109000065137

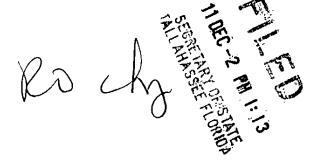
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)  Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Corrected document  by Julyan can  12-2-11

Office Use Only



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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

HECEIVED

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MBOA TOC. Name of Corporation
DOCUMENT NUMBER: P0900005137
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:
TOBU PILATO  Name of Contact Person
MBOA INC.
2964 Allon Street
Oceanside NY 11572 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    TOBY PIOTO   at   501   317-54 2     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 FC
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): 8964 Allon St, Oceans Ide, NY 11572
1-1 - 0 - 0 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
4. Date of incorporation/qualification: 1815009 Document number: 101000015151
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 Are Ste B-101
Boynton Beach, Fr 33426
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Toby Pilato
583 105 AVEN Stet 2
- Royal Palm Scack, Fr 3 3 1/2
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 office so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an efficiency 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.
Signatup of Degistered Agent Date
If signing on behalf of an entity:
* Typed or Printed Name

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