Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORFORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-B107

: (561)694-1639

R. WHITE AUG 1 6 2018

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE MBA PAYROLL SERVICES, INC.

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607. statement of change is submitted for a corporation organized unin order to change its registered office or registered ag	nder the laws of the State of Florida	
I. The name of the corporation: MBA PAYROLL SER		
2. The principal office address: 9455 KOGER BLVD, ST	E 200, SAINT PETERSBURG, FL 33	3702
2. The principal office states.		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/21/2010	Document number: P10000102686	
The name and street address of the current registered agent ar Florida Department of State: (If resigned, enter resigned)		;
BUSINESS FILINGS INCORP	ORATED ACC	;
1200 S PINE ISLAND RD	SECRETAR TALLARIA	5 .
PLANTATION, FL 33324	ST.	
6. The name and street address of the new registered agent (if cl (if changed):	hanged) and /or registered office	ķ ņ л
Corporate Creations Network I	nc. m	J
11380 Prosperity Farms Road	#221E	
P.O. Box NOT acceptable		
Palm Beach Gardens, FL 3341	10	
The street address of its registered office and the street address as changed will be identical.	is of the business office of its registered agent,)
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified it	board of directors or by an officer so in writing of the change.	
	rlos M Alvarez, Attorney-in-Fact	
I hereby accept the appointment as registered agent and agre I further agree to comply with the provisions of all statutes re performance of my dulies, and I am familiar with and accept agent. Or, if this document is being filed merely to reflect a chereby confirm that the opporation has been notified in writing	re to act in this capacity. clative to the proper and complete the obligation of my position as registered	
	/15/2018	
If signing on behalf of an entity:		
Carlos M Alvarez, Special Secretary Typod or Printed Name		
* * * FILING FEE: \$35	5.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)