

P 110000016808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

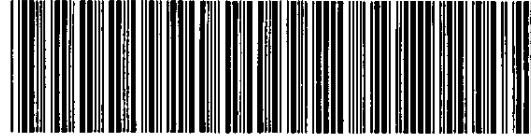
(Document Number)

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SEP 16 2015
TALLAHASSEE, FLORIDA

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SEP 16 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

MICHAEL DOWNS
2501 NW 17TH LN STE D
POMPANO BEACH, FL 33064

SUBJECT: M A D LEASING AND RENTALS, INC
Ref. Number: P11000016808

We have received your document for M A D LEASING AND RENTALS, 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):

An officer/director must sign authorizing the change of registered agent address.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00017766

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change address MAD Leasing and Rentals Inc.
mailing ? Name of Corporation

DOCUMENT NUMBER: P 11 00 60 16 80 8

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:

Michael Downs
Name of Contact Person

Mad Leasing + Rentals
Firm/Company

2501 NW 17th Lane, Ste D
Address

Pompano Beach, FL 33064
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Downs at (949) 290-7506
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: MAD Leasing + Rentals Inc
2. The principal office address: 101 N Riverside Drive, Ste 214
Pompano Beach, FL 33062
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/17/2011 Document number: P11060016808

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)

Michael Downs
101 N Riverside Dr Ste 214
Pompano Beach 33062

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

2501 NW 17th Lane
Ste D
Pompano Beach, FL 33064

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

Michael Downs / Director
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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