P110000 19898

(Re	questor's Name)	
- (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Amendment Section

TO:

Division of Corporations		
SUBJECT: MZ Gedalya Holdings Corp. Name of Corporation		
DOCUMENT NUMBER: \$ 11000019898		
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:		
201aida Cardenas Name of Contact Person		
MZ Gedalya Holdings Cop		
313 54h Aze S Address		
Lake worth FL 33460 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (561, 3769269 Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

P.O. Box 6327

Mailing Address:
Amendment Section

Tallahassee, FL 32314

Division of Corporations

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: MZ Gedalya Holdings Corp.
2. The principal office address: 313 5th Ave S.
Lake worth FL 33460
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/24/201 Document number: 01/0000 19898
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)
zpraida cardenas
4464 Tulane DP
west Palm beach FL 33406
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Loraida Cardenas
313 5th Ne S. F. F. 55
Lake worth PL 33460
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 side authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or 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 SG1/16
If signing on behalf of an entity:
Typed or Printed Name

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

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