

P110000105812

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA  
Change

02/04/13--01031--017 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RR  
2/5/13

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mico Management Inc  
Name of Corporation

DOCUMENT NUMBER: P 11000105812

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:

Robert Coco  
Name of Contact Person

Mico Management Inc  
Firm/Company

16408 Clearlake Ave  
Address

LAKELAND Ranch, FL 34202  
City/State and Zip Code

bozt514@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Coco at (201) 214-8765  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. PK # 2121 1/3d/13

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mico Management Inc
2. The principal office address: 16408 Clearlake Ave  
LAKEWOOD RANCH FL 34202
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/14/11 Document number: P11000105812

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)

INCorp SERVICES Inc  
2360 Corporate Circle Suite 400  
HENDERSON, NV 89094-7722

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

Robert Coco  
16408 Clearlake Ave  
P.O. Box NOT acceptable  
LAKEWOOD RANCH FL 34202

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STATE OF FLORIDA  
TALLAHASSEE

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

Robert Coco  
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

1/30/13  
Date

If signing on behalf of an entity:

Robert Coco  
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