

P12000072876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

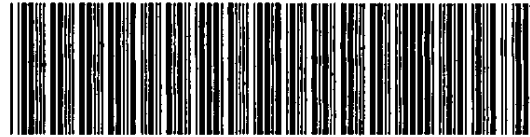
(Business Entity Name)

(Document Number)

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13 MAY 24 11:03 AM

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

MILAN Delivery Inc.
Name of Corporation

DOCUMENT NUMBER:

P20000072876

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:

Josiel Milan
Name of Contact Person
MILAN Delivery Inc.
Firm/Company
1095 west 77st Apt 312
Address
Hialeah FL 33014
City/State and Zip Code
Josiel200@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josiel MILAN at (305) 527-1178
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2013

YUSIEL MILIAN
MILIAN DELIVERY INC
1095 WEST 77 ST - APT. 312
HIALEAH, FL 33014

SUBJECT: MILIAN DELIVERY INC
Ref. Number: P12000072876

We have received your document for MILIAN DELIVERY 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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 613A00011691

RECEIVED
13 MAY 24 PM 1:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: MILAN Delivery INC.
2. The principal office address: 1095 WEST 77ST APT #312
HIaleah FL 33014
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/24/12 Document number: P12000072876

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US.

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

YOSIEL MILAN
1095 WEST 77ST APT #312
HIaleah FL 33014.

P.O. Box NOT acceptable

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

Yosiel Milan 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]
Signature of Registered Agent

05/21/2013
Date

If signing on behalf of an entity:

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
CR2E045 (03/12)

FILED STATE
SECRETARY OF CORPORATION
13 MAY 24 PM 1:41