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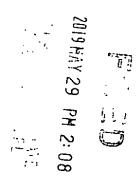
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MSM GNUCS TUC. Name of Corporation
DOCUMENT NUMBER: \$\frac{12000076358}{}
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:
Ronald F. Mcye Name of Contact Person
MSM Groves I NC
P.O. Box 70
P.O. Box 70 Address Walle F/33873 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharon Moye at (83,781 1044) Name of Contact Person at (83,781 1044) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

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: MSMGnoves INC
2. The principal office address: $P.O.$ $B.O.$ $B.$
3. The mailing address (if different):
4. Date of incorporation/qualification: Sept 6 2012 Document number: P120000 7635
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)
Resigned - Sharon D. Maye
1142 AltmanRd BOY10
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): $\frac{Pond/dF}{P} \frac{1004e}{P}$
1142 AITMAN Rd BN 70 22 22
Wauchula Fl 33873
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 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.
Signifiare of Registered Agent 5-24-19 Date
If signing on behalf of an entity:
Ronald F Moy E Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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