P13000055171

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

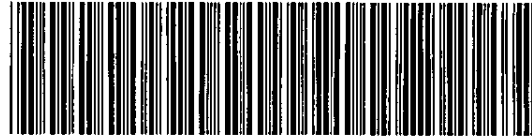_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

need signature

Office Use Only

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08/20/15--01006--004   **35.00

PHChg

SEP 14 2015

R. WHITE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

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

SUBJECT: MND AUTO SALES, INC
Ref. Number: P13000055171

We have received your document for MND AUTO SALES, 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 address for the registered agent.

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: 515A00017767

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: *Change address/ mailing -* *South Florida Leasing + Rentals Inc.*
_____
Name of Corporation

DOCUMENT NUMBER: *P11 6666676 10*

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

South Florida Leasing + Rentals
Firm/Company

2501 NW 14th Lane Ste D
Address

Pompano Beach, FL 33064
City/State and Zip Code

mndentinc @ 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 7 506*
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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0512, 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: MND Auto Sales

2. The principal office address: 2501 NW 17th Lane, Ste C
   Pompano Beach, FL 33064

3. The mailing address (if different): 101 N Riverside DR, Ste 101
   Pompano Beach, FL 33062

4. Date of incorporation/qualification: 6/27/13   Document number: P13 0000 SS 11

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)

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

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

   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.

_____   Michael Downs/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   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)