

P130000061806

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MBE Supply of Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P13000061806

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:

Lisa M. Nehrboss  
Name of Contact Person

MBE Supply of Florida, Inc.  
Firm/Company

P.O. Box 270037  
Address

Tampa, Florida 33688  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa M. Nehrboss at ( 813 ) 781-6583  
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

**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: MBE Supply of Florida, Inc.
2. The principal office address: 3204 Lutz Lake Fern Road  
Lutz, Florida 33558
3. The mailing address (if different): P.O. Box 270037  
Tampa, Florida 33688
4. Date of incorporation/qualification: July 24, 2013 Document number: P13000061806
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)

Dale W. Vash

501 E. Kennedy Blvd., Suite 1700

Tampa, Florida 33602

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

Lisa M. Nehrbooss

920 Lake Thomas Lane

P.O. Box NOT acceptable

Lutz, Florida 33548

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

Lisa M. Nehrbooss / Pres.

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

1/28/15

Date

If signing on behalf of an entity:

Lisa M. Nehrbooss

Typed or Printed Name

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