

P140000000831

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(Requestor's Name)

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(City/State/Zip/Phone #)

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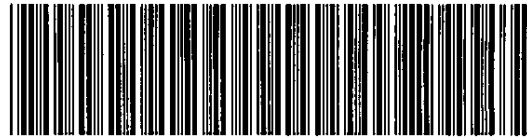
\_\_\_\_\_  
(Business Entity Name)

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

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AUG 22 2014  
T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1198MBC Accounting Specialists Inc

Name of Corporation

**DOCUMENT NUMBER:** P14000000831

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:

Margaret B Cunningham

Name of Contact Person

MBC Accounting Specialists Inc

Firm/Company

3259 S Scenic Hwy

Address

Lake Wales FL 33898

City/State and Zip Code

peggycunningham11@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina L Updike

Name of Contact Person

at ( 863 ) 528-1791

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: MCB Accounting Specialists Inc
2. The principal office address: 3259 S Scenic Hwy Lake Wales FL 33898
3. The mailing address (if different): PO Box 212 New Smyrna Beach FL 32170
4. Date of incorporation/qualification: 1/2/2014 Document number: P14000000831
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)

Margaret B Cunningham

5300 S Atlantic Ave Bldg 9-502

New Smyrna Beach, FL 32169

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

Margaret B Cunningham

3259 S Scenic Hwy

P.O. Box NOT acceptable

Lake Wales, FL 33898

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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.

Margaret B Cunningham  
Signature of an officer or director

Margaret B Cunningham

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.*

Margaret B Cunningham  
Signature of Registered Agent

8/14/14

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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