

P14000023091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

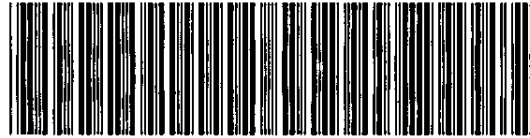
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900265530419

900265530419
10/20/14--01029--024 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 20 PM 1:04

OCT 31 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MP USA Connect, Inc.

Name of Corporation

DOCUMENT NUMBER: 1

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:

Marilda P Peele

Name of Contact Person

MP USA Connect, Inc.

Firm/Company

633 Sabal Lake Dr, Apt. 207

Address

Longwood, FL 32779

City/State and Zip Code

mpeelee@mp-usaconnect.com

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

For further information concerning this matter, please call:

Marilda P Peele

Name of Contact Person

at (321) 331-6006

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: MP USA Connect, Inc.
2. The principal office address: 7031 Grand National Dr, Suite 109
Orlando, FL 32819
3. The mailing address (if different): 633 Sabal Lake Dr, Apt. 207
Longwood, FL 32779
4. Date of incorporation/qualification: 03/10/2014 Document number: P14000023091
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)

Marilda P Peele

585 S. Ronald Reagan Blvd, Suite 121

Longwood, FL 32750

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

Same agent

633 Sabal Lake Dr, Apt. 207

P.O. Box NOT acceptable

Longwood, FL 32779

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.

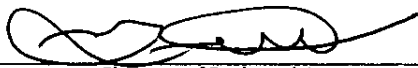


Signature of an officer or director

Marilda P Peele, President

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

10/16/2014

Date

If signing on behalf of an entity:

MP USA Connect, Inc.

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 20 PM 1:04