## P140000 40532

(Re	questor's Name)	_
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Michael P. Flect, Inc. Name of Corporation		
DOCUMENT NUMBER: P14000040532		
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 Flech Name of Contact Person		
Michael P. Flech Inc Firm/Company		
2771-29 Monument Rd Svite 222		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michael Fleck at (617) 515-5576  Name of Contact Person 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

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

## 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: Michael P. Flech, Inc
2. The principal office address: 2771-29 Monument Rd Suite 222
Jacksonville, FL 32225
3. The mailing address (if different):
4. Date of incorporation/qualification: May 2014 Document number: P14 \$ \$ \$ \$ \$ 2 \$
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)
(Biz Filings). Business Filings Incorporated
1200 South Pine Island Road
Plantation, FL 33324 USA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2771-29 Monument R1 Ste 222 PO BOX NOT acceptable
Jacksonville, FL 32225
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  Michael Fleck, 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 ZaocT19 Date
If signing on behalf of an entity:
Exped of Printed Name

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