

P14 000052686

(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



100262746791

07/31/14--01024--016 \*\*35.00

RIA  
AUG 12 2014  
R. WHITE

14 03 14  
14 03 14  
14 03 14

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **MRN Law PA**

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** **P14000052686**

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:

**Myrnabelle Roche**

\_\_\_\_\_  
Name of Contact Person

**MRN Law PA**

\_\_\_\_\_  
Firm/Company

**1000 West McNab Road Ste 153**

\_\_\_\_\_  
Address

**Pompano Beach, FL 33069**

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

**Myrnabelle Roche**

\_\_\_\_\_  
Name of Contact Person

at ( **954** ) **784-7001**

\_\_\_\_\_  
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: MRN Law PA
2. The principal office address: 1000 West McNab Road, Suite 153
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/16/2014 Document number: P14000052686
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)

Myrnabelle Roche

401 E Las Olas Blvd Suite 1400

Fort Lauderdale, FL 33301

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

Myrnabelle Roche

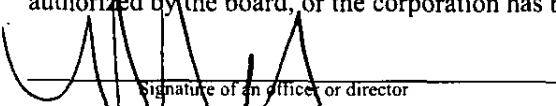
1000 West McNab Road Suite 153

P.O. Box NOT acceptable

Pompano Beach, FL 33069

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

Myrnabelle Roche

\_\_\_\_\_  
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

7-30-2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Myrnabelle Roche

\_\_\_\_\_  
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