

P15000037213

(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



500289182795

08/22/16--01013--016 **35.00

FILED

2016 AUG 22 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 31 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIA MULTISERVICES CORP

Name of Corporation

DOCUMENT NUMBER: P15000037213

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:

Jose Mendez

Name of Contact Person

MIA MULTISERVICES CORP

Firm/Company

812 STARLIGHT COVE RD APT 203

Address

ORLANDO, FL 32828-9469

City/State and Zip Code

ncysaint71@earthlink.net

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

For further information concerning this matter, please call:

Jose Mendez

Name of Contact Person

at (786) 580-1115

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: MIA MULTISERVICES CORP
2. The principal office address: 812 STARLIGHT COVE RD. APT # 203
ORLANDO, FL 32828-9469
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/23/2015 Document number: P15000037213

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)

JOSE MENDEZ

2254 SAW PALMETTO LANE APT # 116

ORLANDO, FL 32828

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

JOSE MENDEZ

812 STARLIGHT COVE RD. APT # 203

P.O. Box NOT acceptable

ORLANDO, FL 32828-9469

2116 AUG 22 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

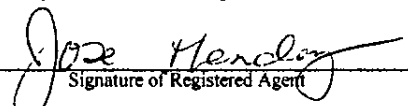
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jose Mendez / President & RA

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

8/19/2016

Date

If signing on behalf of an entity:

Typed or Printed Name

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