

| (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



300304772903

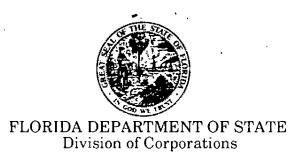
11/15/17--01031--003 \*\*10.00

10/23/17--01020--022 \*\*25.00

SEGRETARY TO LIKE

R. WHITE 10V 1 6 2017





October 24, 2017

MARIO R FRAGA 10034 SW 2 TERR MIAMI, FL 33174

SUBJECT: MRF FINANCIAL SERVICES CORP

Ref. Number: P15000037334

We have received your document for MRF FINANCIAL SERVICES CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 317A00021456

THOVIS BE WEST

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: MRF. FINANCIAL SERVICES  Name of Corporation  |
| DOCUMENT NUMBER: P15000037334  |
| 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:                      |
| Hario R. Fraga Name of Contact Person  |
| ARF. Financial SERVICES Firm/Company   |
| 10034 SW 2nd terr  |
| Minmi, FL, 33/74 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)                             |
| For further information concerning this matter, please call:                                   |
| Mario R. Teraga at (305) 305 7040  Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State.                           |
| Mailing Address: Amendment Section  Street Address: Amendment Section                          |

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## 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.  |          |
|--|----------|
| 1. The name of the corporation: MRF. Findneial SERVICES  |          |
| 1. The name of the corporation: MRF. Findneigh SERVICES  2. The principal office address: 10034 SW Ind Harr, Miami  Florida, 33174   |          |
| 3. The mailing address (if different):   | -        |
| 4. Date of incorporation/qualification:  | 39       |
| 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)   |          |
| Martha M. Alvonez  10034 SW 2nd terr, Miami  Florida 33174   | **<br>** |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Mario R. Fraga  10034 SW 2nd farm  PO Box NOT acceptable  Miani, FL, 33/74  | 9        |
| 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 whithe board, or the corporation has been notified in writing of the change.  Figure of an officer or director  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 mydaties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this Abcument 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.  * Water Date:  **Whater of Registered Agent** |          |
| If signing on behalf of an entity:   |          |
| Typed or Printed Name  |          |

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