

P15000037334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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

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17 NOV 15 PM 12:35

SECRETARY OF STATE
TALL MADISON, TENNESSEE

R. White
R. WHITE
NOV 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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:

Mario R. Fraga
Name of Contact Person

MRF. Financial Services
Firm/Company

10034 SW 2nd terr
Address

Miami, FL, 33174
City/State and Zip Code

marioreal05@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario R. Fraga 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
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: MRF. FINANCIAL SERVICES
2. The principal office address: 10034 SW 2nd Terr, Miami
Florida, 33174
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P15000037334

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. Alvarez
10034 SW 2nd Terr, Miami
Florida, 33174

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 Terr
Miami, FL, 33174

P.O. Box NOT acceptable

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, or the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Martha M. Alvarez
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]
Signature of Registered Agent

11/06/2017
Date

If signing on behalf of an entity:

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)

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TALLAHASSEE, FLORIDA