## P15000039600

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
Ameriprise Financial Services
SUBJECT: Mehnit, Inc.  Name of Corporation
A
DOCUMENT NUMBER: 150000 39600
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:
Name of Contact Person
Ameriprise Firencial Services Menniti Inc
9863 Palma Vistar Way
Boca Refor FL 33428.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (914) 806 -649)  Area Code & Daytime Telephone Number
Englaced is a \$25,00 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 $\underline{FL}$	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Ameriprise Financial Services Menniti Iv	<u>~</u>
2. The principal office address: 150 E. Valmetto Ken Kal	
Boca Katen 33432	
3. The mailing address (if different): 9863 Ralma Vista Way  Boca Raten FL 33428	
4. Date of incorporation/qualification: OS/01/2015 Document number: P150003960	0
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)	
Vincent A. Menniti	
150 E. Pelmetto Pech Rd	78
Boca Raton FL 33432 \$ 3	F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ر م
7 Vincent A. I aniti	
P.O. Box NOT acceptable	
Boca Roton, FL 33433	
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  Signature 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 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.	
1/m/t 9/19/2016	
Signature of Registered Agent / Date  If signing on behalf of an entity:	
Typed or Printed Name	

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