

P1500000602704

(Requestor's Name)

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2016 APR -7 PM 2:46
SEC. OF STATE
TALLAHASSEE, FL 32303

R A / R O / chg

APR 07 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MRLP Holdings, Inc
Name of Corporation

DOCUMENT NUMBER: P15000062704

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:

Michael L. Bowden

Name of Contact Person

MRLP Holdings, Inc

Firm/Company

14343 W Highway 40

Address

Ocala, FL 34481

City/State and Zip Code

mrlpholdings@brighthouse.com

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

For further information concerning this matter, please call:

Michael L. Bowden

Name of Contact Person

at (717) 9792040

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

MICHAEL L. BOWDEN
MRLP HOLDINGS, INC.
14343 W. HIGHWAY 40
OCALA, FL 34481

SUBJECT: MRLP HOLDINGS, INC.
Ref. Number: P15000062704

We have received your document for MRLP HOLDINGS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 116A00006053

RECEIVED
16 APR -7 PM 12:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: MRLP Holdings, Inc
2. The principal office address: 14343 W Highway 40, Ocala, FL 34481
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/27/2015 Document number: P15000062704
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)

WHITE, CHRISTABEL J
3134 LINWOOD DRIVE
NORTH FORT MYERS, FL 33917

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

MRLP Holdings, Inc Michael L. Bowden
14343 W Highway 40
Ocala, FL 34481

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

[Signature]
Signature of an officer or director

Michael L. Bowden, President
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

4/5/16
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)