P15000076864

(Requestor's Name)		
(Address)	200392035	
(Address) (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	08/103/22010180	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	· .	

Office Use Only



162

019 **192.50

Ra Chang

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ Name	ECT: METROPOLITAN FIRE & SAFETY, INC of Corporation			
DOC	JMENT NUMBER: P15000076864			
The er	nclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filin	g.	
Please	return all correspondence concerning this matter	ter to the following:		
ALFR	EDO GARCIA-MENOCAL, ESQ			
Name	of Contact Person			
ALFR	EDO GARCIA-MENOCAL, P.A.			
Firm/0	Company			
4937 \$	SW 74 CT			
Addre	SS	 		
MIAN	II, FL 33155			
City/S	tate and Zip Code			
-	Lulu33182@yahoo.com			
E-ma	l address: (to be used for future annual repo	ort notification)		
For fu	rther information concerning this matter, please	e call: at (\frac{305}{\text{Area Code & Daytime Telepho}} \)		2022
MELI	SSA ARRUFAT	31, (305 \ \553-3464		
	Name of Contact Person	Area Code & Daytime Telepho	ne Nur	nb e r
Enclos	sed is a \$35.00 check made payable to the Depa	artment of State.		::3 ::3
	Mailing Address: Amendment Section	Street Address: Amendment Section	,	נט או
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E045 (04/13)



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 \(1000000000000000000000000000000000000
1. The name of the corporation: MCTropolitan Fire 3 Safety Fra. 2. The principal office address: 7107 NW 748+ MIGNIER 33166
3. The mailing address (if different):
4. Date of incorporation/qualification: 9185 Document number: \$\frac{9150007686}{}\$
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) Paul Flyn and It I D NW TU St III Ami R 373166 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): Paul Flyn and Flyn and It Paul Flyn and It Po. Box NOT acceptable R. 33182
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. Printed or typed name and title Thereby 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, Thereby confirm that the corporation has been notified in writing of this change.
Vou dis Manager of Registered Agent Suggestive of Registered Agent Date Date
If signing on behalf of an entity:

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name