

P150000 800 10

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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S. TALLENT

MAY 02 2017

R/A-CH

SECRET  
TALLAHASSEE, FLORIDA

17 APR 21 PM 12:27

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2017

STUART YADGAROFF  
MAYS 3 CORPORATION  
10401 NW 53RD ST  
SUNRISE, FL 33351

SUBJECT: MAYS 3 CORPORATION  
Ref. Number: P15000080010

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

AN OFFICER/DIRECTOR OR REGISTERED AGENT MUST SIGN AND DATE THE DOCUMENT.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 317A00006942

REC'D  
APR 12 11 51 AM  
REGISTRATION  
DIVISION OF CORPORATIONS  
FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2017

STUART YADGAROFF  
MAYS 3 CORPORATION  
10401 NW 53RD ST  
SUNRISE, FL 33351

SUBJECT: MAYS 3 CORPORATION  
Ref. Number: P15000080010

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Susan Tallent  
Regulatory Specialist II

Letter Number: 117A00005340

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mays 3 corporation  
Name of Corporation

**DOCUMENT NUMBER:** P15 0000 80010

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:

Stuart Yadgaroff  
Name of Contact Person

Mays 3 Corporation  
Firm/Company

10401 NW 53RD ST  
Address

SUNRISE, FL 33351  
City/State and Zip Code

sales@lightnupfl.com /  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Yadgaroff at (954) 797-7778  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mays 3 Corporation  
2. The principal office address: 10401 NW 53RD ST sunrise, FL 33351  
3. The mailing address (if different): " "

4. Date of incorporation/qualification: 9/28/2015 Document number: P15000080010

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)

Stuart Yadgaroff  
1935 NW 18TH ST  
Pompano Beach, FL 33069

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

Stuart Yadgaroff  
10401 NW 53RD ST  
P.O. Box NOT acceptable  
sunrise, FL 33351

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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.

X [Signature]  
Signature of an officer or director

Stuart Yadgaroff <sup>owner +</sup> 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.

X [Signature]  
Signature of Registered Agent

4/24/17  
Date

If signing on behalf of an entity:

Stuart Yadgaroff  
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