

P15 000083191

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TALLAHASSEE, FL

JQ 10/02/20

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MTS GROUP INC  
Name of Corporation

**DOCUMENT NUMBER:** P15000083191

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:

Maureen Ayrat

Name of Contact Person

MTS GROUP INC

Firm/Company

3210 W Chapin Ave

Address

Tampa, FL 33611

City/State and Zip Code

msayral@gmail.com

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

For further information concerning this matter, please call:

Lorrie White

at ( 813 ) 503-3039

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E045 (04/13)

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**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: MTS GROUP INC  
2. The principal office address: 3210 W CHAPIN AVE TAMPA, FL 33611

3. The mailing address (if different): same

4. Date of incorporation/qualification: 10/8/2015 Document number: P15000083191

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)

Maureen Ayrat  
3210 W Chapin Ave  
Tampa, FL 33611

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

Maureen Ayrat  
2900 W Julia Street Unit 1802  
Tampa, FL 33629

P.O. Box NOT acceptable

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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.

Maureen Ayrat  
Signature of an officer or director

Maureen Ayrat  
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.*

Maureen Ayrat  
Signature of Registered Agent

7/9/2020  
Date

If signing on behalf of an entity:

Maureen Ayrat  
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