## P15000085136

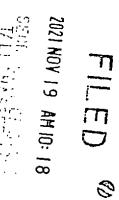
(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/19/21 -- 01015---017 \$ - 05.00



C. BRUMBLE

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: MN Group Inc	
Name of Corporation	
DOCUMENT NUMBER: P15000085136	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Magdalena Kopczynska	
Name of Contact Person	
MN Group Inc	
Firm/Company	
1611 S Apollo Blvd	
Address	
Melbourne, FL 32901	
City/State and Zip Code	
investinmiami@gmail.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, [	please call:
Magdalena Kopczynska	31,7305 39989645
Name of Contact Person	at (305 )9989645 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statut ution organized under the laws of the State of Florid re or registered agent, or both, in the State of Floria	la	
<del></del>	the corporation: MN Group Inc	·		
	office address: 1611 S Apollo I			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/11/2	015 Document number: P15000085136	· ·	
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file with the nter resigned)	e	
	Magdalena Kopezynska			
	2263 W New Haven Ave STE	107	<u>,</u> 20	
	West Melbourne, FL 32904		2021 NOV 19	-1
6. The name an (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office:		
	Magdalena Kopczynska		AH IO:	
	1611 S Apollo Blvd	···	<del>-</del>	
	N. II	P.O. Box. NOT acceptable		
	Melbourne, FL 32901			
The street addr as changed wil	ess of its registered office and I be identical.	the street address of the business office of its reg	istered a	gent,
Such change wauthorized by t	as authorized by resolution do he board, or the corporation h	uly adopted by its board of directors or by an office as been notified in writing of the change.	er so	
	PHAN P	Magdalena Kopezynska President		
~ ,	ard Ayan officer or director	Printed or typed name and title		_ <del></del>
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a c) is been notified in writing of the III	ed agent and agree to act in this capacity. It is of all statutes relative to the proper and complete ept the obligation of my position as registered age thange in the registered office address, I hereby co his change.	e perforn ent. Or onfirm the	nance if this at the
a		11/16/21		
	gradure of Registered Agent	Date		
If signing on b	ehalf of an entity:			
Magdalena Kop	czynska			
<del></del>	Typed or Printed Name	<del></del>		

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