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April 11, 2017

STUART YADGAROFF MAYS 9 CORPORATION 10401 NW 53RD ST SUNRISE, FL 33351

SUBJECT: MAYS 9 CORPORATION

Ref. Number: P15000099885

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.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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: 617A00005342

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2017

STUART YADGAROFF MAYS 9 CORPORATION 10401 NW 53RD ST SUNRISE, FL 33351

SUBJECT: MAYS 9 CORPORATION

Ref. Number: P15000099885

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: 617A00005342

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Mays 9 corporation  Name of Corporation		
DOCUMENT NUMBER: P15 000099885		
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 9 corporation  Firm/Company		
Firm/Company		
10401 NW 53RD ST Address		
SUNTISE FL 33351 City/State and Zip Code		
Sqles@ lightnupf   Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alexandra Yadaar of Freson at (954) 797-778  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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MAYS 9 CORPORATION
2. The principal office address: 10401 NW 53RD ST SUNVISE, FL 33351
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/14/2015 Document number: P15000099885
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 53RJ 54  P.O. Box NOT acceptable  23 25 1
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 of a posticer or director  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. On 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 of Registered Agent  Date  Date
If signing on behalf of an entity:  Short / N D S PLOFF  Typed or Printed Name

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