

P15 000099887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

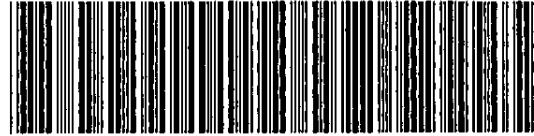
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296683473

03/16/17--01008--020 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 APR - 3 AM 11:07

V HERRING
APR - 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2017

STUART YADGAROFF
MAYS 10 CORPORATION
10401 NW 53RD ST
SUNRISE, FL 33351

SUBJECT: MAYS 10 CORPORATION
Ref. Number: P15000099887

We have received your document for MAYS 10 CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the registered agent name and address as it is on our records for number 5 and make new changes on number 6 of the document.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Valerie Herring
Regulatory Specialist II

Letter Number: 417A00005242

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAYS 10 CORPORATION
Name of Corporation

DOCUMENT NUMBER: P15000099887

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 10 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 ID CORPORATION
2. The principal office address: 10401 NW 53RD ST SUNRISE, FL 33351
3. The mailing address (if different): " "
4. Date of incorporation/qualification: 12/14/2015 Document number: P15000099887
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 APR -3 AM 11:07

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]
Signature of an officer or director

STUART YADGAROFF
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.

[Signature]
Signature of Registered Agent

3/30/17
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