

P16D000022455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

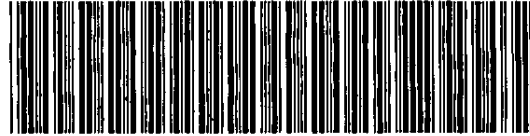
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 11 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAC UPHOLSTERY DESIGN CORP.
Name of Corporation

P16000022455

DOCUMENT NUMBER:

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:

DORA REYES

Name of Contact Person

MAC UPHOLSTERY DESIGN CORP.

Firm/Company

4600 SW 75 AVENUE

Address

MIAMI, FL 33155

City/State and Zip Code

macreyesd@yahoo.com

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

For further information concerning this matter, please call:

DORA REYES

786

556-1436

Name of Contact Person

at ()

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAC UPHOLSTERY DESIGN CORP.
2. The principal office address: 4600 SW 75 AVE UNIT B MIAMI, FL 33155
3. The mailing address (if different): 4300 SW 2ND TERRACE, MIAMI, FL 33134

4. Date of incorporation/qualification: 03-08-2016 Document number: P16000022455

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)

DORA REYES

4300 SW 2ND TERRACE

MIAMI, FL 33134

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

HUMBERTO REYES

4300 SW 2ND TERRACE

MIAMI, FL 33134

P.O. Box NOT acceptable

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 an officer or director

DORA REYES, VP

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 of Registered Agent

04-22-2016

Date

If signing on behalf of an entity:

HUMBERTO REYES - PRESIDENT

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

CD35045 (02/11)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA